MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1001%			C	ERTIFI	CATE OF D	EATH			3002	, ()
	ECEASED-NAME Type or print)	First Helen		Middle Jane		ADAM	25	2a. DATE OF	. Month Day	8 156	26. HOUR
3. SI	EMALL	4. RACI	Wh:	Lte		S. DATE OF BIRT			6. AGE (In years 5 birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	BIRTHPLACE (Stote or for		N OF WHAT COU	INTRY?	8. MARRIED	NEVER MARRI	נט	COUNTY OF	DEATH LOOMICO		Md
1D.	CITY OR TOWN OF DEATH Salisbu		11. NAME OF I	HOSPITAL OR INST Idress) Genera		not in hospitol			(Kind af wark done ife, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
13a. adm	. USUAL RESIDENCE (Whe	re deceased lived, i	f institution: Res	sidence before	Cam		d. INSIDE CITY LIMI		eet and number Academy	Stree	et
14.	FATHER'S NAME Fire		Middle	lost		IS. MOTHER'S MAIC		st zabet	Middle		lost Lewis
160	yes, no, or unknown)	U.S. ARMED FORCE (If yes give war or dates of		OCIAL SECURITY NO		INFORMANT rs.Char	000	.018.70	32AdrePr Salisbu	ry.Md	Street
NOIT	Canditians, if any, wh rise to immediate ca stating the underlyin last. PART 2. OTHER SIGNIF	use (a), g cause DUE				TO THE TERMINAL I			YES, WERE FINDINGS C	ONSIDERED IN (CERTIFYING
CAL CERTIFICATION	21o. ACCIDENT WAS U	NDERLYING 21b	. TIME OF INJUR'	Y th Day Yeor		YES 🗆	NO 🗆	CAUSES	OF DEATH? y in Part 1 or Port 2,		
MEDICAL	While Not while at wark	21e. PLACE OF		19 E, FARM, STREET, FACTI BUILDING, ETC.		LOCATION Street	or R.F.D. No.	City	or Town	County	Stote
	22a. I certify tha saw the dec causes state	t (I) (this haspit eased alive an_ d abave, (I) (we	11/1	519	650	nd that in (my)	, 19.6 (aur) apin	ian death a	curred an the do	te and haur	t (I) (we) last and fram the
	22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	ay f	16	mis	th dec	GREE ATTENDING PHYS. 22e. ADDRE	DIR	ED. RECTOR	STAFF PHYS. 22c.	DATE SIGNED	68.
230	BURIAL, CREMATION,	23b. DATE Nov. 1		23c. NAME OF C			rial		N (City or Town) Cambridg	e Dor	(Stote) Md

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Erferal director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

1 and 2

Netely filled in by

executed within 24 ha

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by

Page 4 may be retained by the haspital ar attending physician.

FUNERAL DIRECTOR ADDRESS CAMBRIDGE 700 LOCUST ST.

2Sa. REC'D BY REGISTRAR DATE NOV 12

25b. REGISTRAR'S SIGNATURE
1968 SCharles

16615 1 DECEASED NAME ond completely filled in by the funeral regulator carban papers. Pages 1 and 2 in any event, within 72 hours, after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical director, page 3 should be detached for use os the burial-transit permit. Then plushould be filed with the Stote Dept. of Health prior to burial, crematian, or remavol,

VR A15 45M - 1,

Page 4 may be retained by the hospital or ottending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

16629

Ė		ECEASED-NAME	First		Middle		Last		2a. DATE OF			2b. HOUR
death	- (1	Type or print)	VING	Pow	ell	A	14:	5	MAULE	Month Doy	11 Yeor	M
	3. SE	X	1	4. RACE		1/5	. DATE OF BI	RTH	77000	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
atter		Male		Whi	te	1	May 2	5,1910		last dirthday)	MONTHS DAYS	HOURS MIN
Z hours	7a. I	BIRTHPLACE (Stote or	fareign 7	b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED			COUNTY OF			
	cour	Mary]	land	USA		WIDOWED	_	CED	Wicor			
-	10. 0	ITY OR TOWN OF DEA			ME OF HOSPITAL OR IN					(Kind of work done	12b. KIND OF	Md.
MITHE 80		Salisbur		give st	reet oddress) ninsula	Gener	al Ho	spital	of working		Carpe	enter
event 21	13a. odmi	USUAL RESIDENCE (Wissian) STATE	here deceosed	12h COUNTY		13c. CITY OR T		13d. INSIDE CITY LIMITS		REET AND NUMBER		100
		Mc	1	Wic	omico	Salis	bury	YES NO	J Rt	3 Shavoz	Road	
6	14. F		First	Middle	Lost	15.	MOTHER'S MA	AIDEN NAME First		Middle	244	Lost
and in ony			orge		Adkins			Ma	ry		Mills	5
	16a.	WAS DECEASED EVER		O FORCES? or dates of service)	16b. SOCIAL SECURITY		ORMANT	1.00		Address	Rt. 3	3
0		es, no, ar unknawn)	(/ g	or outer of surrice,		Mr	s. Ro	setta	Adkin	is Sali	sbury	
or remavol,					e for (o), \$59, and \$4	1 4		1			APPROXIA BETWEEN O	MATE INTERVAL INSEP AND DEATH
5	U,	PART 1. DEATH	WAS CAUSED !		rebral	Van	mbe	see			20	der
n,		4339		/	A CONSEQUENCE OF						4	10
<u></u>		Conditions, if any, w		(b)								
e d		rise to immediate of stating the underly		, ,	A CONSEQUENCE OF							
, E	-	lost. 331x	ing coose)	(c)								
5		PART 2. OTHER SIGN	FICANT COND	MONS CONTRIBUT	ING TO DEATH, BUT N	OT REVATED TO	THE TERMINA	DISEASE OR CON	DITION GIVEN	I IN PART I(o)		
0	z	SI	ink	Jea	Alles	liter	_					
0	CERTIFICATION	190. DATE OF OPERATE	ON 19b. CO	NDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20o. AUTO	PSY?	20b. IF	YES, WERE FINDINGS C	ONSIDERED IN CE	ERTIFYING
e X	TIFIC						YES [NO 🗍	CAUSES	OF DEATH?		
eoli		210. ACCIDENT WAS		21b. TIME OF		21c. HOV	INJURY OCC	URRED (Enter no	iture of injury	y in Part 1 ar Part 2,	Item 18.)	
=	MEDICAL	OR CONTRIBUTING [HOUR A.M.	Month Doy Year	199						
pT.	ME	21d INTURY OCCUPE	210 PI		AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.		ATION /Stree	t ar R.F.D. Na.	City	ar Town	Caunty	Stote
Č		While Not while			OFFICE BUILDING, ETC.	1	//	/	0		10	
9		22o. I certify th		haspital) atte	poled the decease	ed frem	122	19 00	. to	1/24.19	that	(I) (we) last
0		saw the de	ceosed aliv	e on	24	1968, and	that in (m	y) (our) opinio	n deoth o	curred on the do	te ond hour	and from the
E			ed above,	U) (we) (did) (did nat) view the	body after de	ath.		1			
×		22b. SIGNATURE	; (18.11			ATTENDIN	IG MED.		STAFF 22c.	DATE SIGNED	11215
9		XIL	and y	delle	~	DEGREE	PHYS.	DIRE	CTOR \Box	PHYS.		
e /		22d. PHYSICIAN'S NAME (Type)	//				22e. ADD	RESS				
0			0				1					
snovia be filed with the Stote Dept. of Heolth prior to burial, crematian,	230.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DA	TE	23c. NAME OF	CEMETERY OR CI	REMATORY	2	3d. LOCATION	N (City ar Town)	(Caunty)	(State)
^	-	REMOVAL (Specify) Burial	11.	26=68		ns Cem	etery			sbury	Md.	
15 40	24.	FUNERAL DIRECTOR	وعسامتهم	fruite	ADDRESS		a	2Sa. REC'D BY R		2Sb. REGISTRAR'S		3.73.73.9
1/830		Thomas	s F. I	Vallace	Salls	bury, M	u.	DATE NOV	26 19	168 Julia	relay Ju	age.

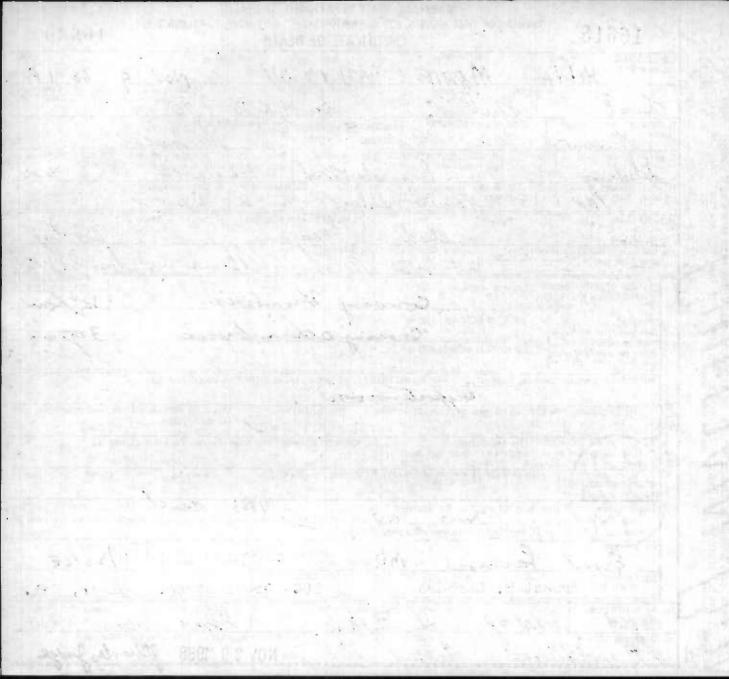
-0.1991.A Sulisbury Penlosula Co. eral Hospital PRVID

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16616 16630 CERTIFICATE OF DEATH 1. DECEASED-NAME First 2a. DATE OF DEATH 2b. HOUR (Type or print) 63 3. SEX 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS ! HOURS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or fareign 8. MARRIED NEVER MARRIED country) WIDOWED | DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address) during mast of warking life, ever tretired.) INDUSTRY 13a. USUAL RESIDENCE Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OF TOWN admission) STATE 13b. COUNTY NO DZ IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Middle First 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na. ar unknawn) (If yes give war or dates of service) CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO 😱 YES 🗀 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M.

within 24 haurs after death.

requires that the death certificate

and completely filled in by the funeral remave carban papers. Pages T and 2 please remave carban and in any or removal, burial-transit signed by physician. as the be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been far use (If either, natify medical examiner) Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from _______, 19/163 to ______, 19____, that (I) (we) last saw the deceased alive on _______18 \$\mathcal{Q}\$, and that in (my) (aur) apinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body ofter death. shauld 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Ernest Larmore NAME (Type) 100 Grove Street Delmar. Del directar, shauld b 23c. NAME OF CEMEJERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMAJION 23b. DATE (County) (State) MEMOVAL (Specify) 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (40) 30M REV. 1468 1968



24 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Penauld be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 30'T W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	6	6	3	À

	200			EKIIFICA	ATE OF DEATH					
	DECEASED-NAME - Fil	rst	Middle		Lost	20. D	ATE OF DEATH		3500	2b. HOUR
(Type or print) EI	DITH	PEARL.	B	AILEY		11 Month	26 Doy	Yeor 19	68 17:1
3. S	EX	4. RACE		2	. DATE OF BIRTH		6. AGE (In	yeors	IE UNDER 1 YEAR	IF UNDER 24 HRS
	Female	Wh	ite		October 3,	1901	lost birth	day) YRS.	AONTHS DAYS	HOURS MIN
	BIRTHPLACE (Stote or foreign intry)	7b. CITIZEN OF W	'HAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUN	ITY OF DEATH	- 1		
10	Maryland	USA	14 ME OF HOSPITH OF THE	WIDOWED			Wicomi		1	Md.
10.	CITY OR TOWN OF DEATH Salisbury	give	IAME OF HOSPITAL OR INS street oddress)			most of w	PATION (Kind of working life, even if	raticed \	12b. KIND OF INDUSTRY	BUSINESS OR
130.	USUAL RESIDENCE (Where dec	enced liked it institu	tion: Residence before	13c. CITY OR T	OWN 13d. INSIDE CITY	LIMITS?	13e. STREET AND N	JMBER		
oan	nission) STATEMarylan	d VI3b. COUNTY	Worcester	Ocea	n City YES	NO 🗌	lst & Ph	iladel	phia A	lve.
14.	FATHER'S NAME First	Middle	Lost		MOTHER'S MAIDEN NAME			Middle		Lost
	Levin	James	Clark		Sarah	h	Ger	trude	Da	avis
160	yes, no, or unknown) (If yes gr	RMED FORCES?	16b. SOCIAL SECURITY N		ORMANT (Daught	ter)	R.D.	Address Fr i	endshi	in Poad
	No.		214-32-61	39 Mrs	. Hilda E.	Whit	e. Pitts	ville	Mary	land
	1B. CAUSE OF DEATH (Enter		ine for (o), (b), ond (c).)						APPROXI BETWEEN O	MATE INTERVAL DISET AND DEATH
	PART I. DEATH WAS CAU	ISED BY: DIATE CAUSE (o)	Adenocarcin	oma of	bile duct	with	metastas	is to	2 v	rs
	1561	, ,	AS A CONSEQUENCE OF					iver		
	Conditions, if ony, which gov								3000	
	rise to immediate couse (o stating the underlying cous		AS A CONSEQUENCE OF							
	last.	(c)								
	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBU	JTING TO DEATH BUT NO	T RELATED TO	THE TERMINAL DISEASE OR	R CONDITIO	N GIVEN IN PART 16	0)		
7	1551							-1		
(110)		b. CONDITION FOR WI	HICH OPERATION WAS PER	FORMED	20o. AUTOPSY?	- 1	20b. IF YES, WERE I	INDINGS CON	SIDERED IN C	FRTIFYING
CERTIFICATION					YES NO 5		CAUSES OF DEATH?			
CER	21o. ACCIDENT WAS UNDERLY	YING 21b. TIME O	IF INJURY	21c HOV	/ INJURY OCCURRED (Ent	_	of injury in Port 1	or Port 2 Ite	ım IR\	
3	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M.	Month Doy Yeor	214 1101	I MOOK! OCCORRED TEN	TOT HOTOIC	or injury in roll r	01 1011 2, 110	ли то.,	
MEDICAL	(If either, notify medical exo		AT HOME FARM STREET FACT	OPY 1 214 LOC	ATION COLOR DED N	i.	C) T			61.1
	at work of work				ATION Street or R.F.D. No		City or Town		County	State
	22a. I certify that (saw the deceased	this haspital) att	ended the decease	d from	0/21 , 19_	60 , t	a11/20	0, 19	68 , that	(we) last
	saw the deceased	plive an	(dichardt) view the b	ody after de	that in (2002) (aur) ap	pinian de	eath accurred o	n the date	e and haur	and fram the
	22b. SIGNATURE	(d) (d)	(dustral) view life o	day affer de	um.			1 22 DA	ATE SIGNED	
	I N	Malde	4, UK	DEGREE	ATTENDING PHYS	MED. DIRECTOR	STAFF B		/26/68	
	22d. PHYSICIAN'S		1 =	*	22e. ADDRESS	DIRECTOR	11113.			
	NAME (Type)	. V. Mald	ve, M. D.		Deer's He	ad S	tate Hos	oital:	Salis	bury Md
230.		b. DATE	23c. NAME OF C	EMETERY OR CI			OCATION (City or To		(County)	(Stote)
	DEMONIAL (C.,	lov. 30,19	68 Parsons	Cemete	ery		isbury, W		, , , ,	, ,
24.	FUNERAL DIRECTOR		ADDRESS		2So. REC'D	BY REGIST	RAR 2Sb. R	GISTRAR'S SI	GNATURE	
	HOLLOWAY & C	OMPANY. S	ALISBURY.	MARYLAN	D DATE DE	EC 2	1968		was for	edge

and 2 death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. shauld be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 h.

VR A15 41 30M REV. 1748

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific

Page 4 may be retained by the haspital or attending physician.

Fuheral

e executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16632

	10010	CERTIFICATE OF DEATH		3. 0 0 0	~
	1. DECEASED-NAME First Middle (Type or print) Mary Elizabeth Beach	Last	2a. DATE OF DEATH 11 Manth 3 Do	1968°°°	2b. HOUR
	3. SEX 4. RACE White	S. DATE OF BIRTH 11/12/187	6. AGE (In years less birthday)	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN
	70. BIRTHPLACE (State or foreign country) 17b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED NIVORCED NIVORCED	9. COUNTY OF DEATH Wicomico		N
0	Rural Sharptown give start give start give start 2 L	Delmar Del. during	UAL OCCUPATION (Kind of work dane most of working life, even if retired.)	12b. KIND OF BUINDUSTRY	JSINESS OR
2	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 13b. COUNTY 13b. COUNTY		LIMITS? 13e. STREET AND NUMBER		
	14. FATHER'S NAME First Middle Loss Josiah Owens 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURI	Adeline (o	First Middle Open Address	RFA #2	Lost
		-9703 Mrs. May Twil		Sharpto	nun
	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (c)	trioschowa	foris	APPROXIMA BETWEEN ONS	
2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 332 X 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS 21a. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY		20b. IF YES, WERE FINDINGS	CONSIDERED IN CER	TIFYING
4	□ OR CONTRIBUTING □ CAUSE OF DEATH (If either, natify medical examiner) □ P.M. HOUR A.M. Month Day Ye	21c. HOW INJURY OCCURRED (Ent	er nature of injury in Part 1 or Part 2,		
CALCALLA IN	21d. INJURY OCCURRED While at wark 22a. I certify that (I) (this haspital) attended the dece saw the deceased alive an causes stated abave, (I) (we) (did) (did not) view the deceased saw the deceased alive an causes stated abave, (I) (we) (did) (did not) view the deceased abave, (I) (we) (did) (did not) view the deceased abave, (I) (we) (did) (did not) view the deceased abave, (II) (did) (did not) view the deceased abave, (II) (did) (did not) view the deceased abave, (II) (did) (did) (did not) view the deceased abave, (II) (did)	_1968, and that in (my) (aur) ar		Caunty 9, that (late and haur ar	State I) (we) land fram th
	22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) Ernest M. Larmore	DEGREE ATTENDING PHYS. 22e. ADDRESS	MED. STAFF DIRECTOR DIRECTOR Delmar,	Del. 1	68
1	REMOVELARISTIC 17/15/1968 Fire	OF CEMETERY OR CREMATORY 2. Man. 3	Sharptown, Mc	(County)	(State)
1	24. FUNERAL DIRECTOR ADDR. ADDR. Sharpton	As 2	BY REGISTRAR 2Sb. REGISTRAR	s signature	ya :

		A		roine.
			and Aradysia.	
	inci.			
	A. Massanth			water Simusia
St. Chr.	deline to a se			4
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	estal many	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
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	of the second	h \		, intention
		A CHOICE		

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16633

		100.				CERTIF	CATE OF	DEATH						
1		CEASED-NAME	First		Middle		Last	1.273	20.	DATE OF DEATH		V	2b. HO	UR
1	(1)	ype ar print)	CLAR	ICE	LESTON		BLACK		1	November Month	8 ay	1968		N
	3. SE			4. RACE			S. DATE OF E		10-	6. AGE (In years lost birthdoy)	IF UN		IF UNDER 24	HRS.
		Male		W	hite		Octobe	er 21,	189		YRS. MONI	ns OATS	HOUKS	min.
	7a. B	SIRTHPLACE (State of	r fareign 7	b. CITIZEN OF	WHAT COUNTRY?	B. MARRIE	D X NEVER MA	RRIED	9. COL	INTY OF DEATH	4			
		Pennsy			SA	WIDOWE		ORCED		WICOMIC				Md
0	10. C	Hebron	EATH	11. giv R	NAME OF HOSPITAL OR INS ve street oddress) ewastico Ro	stitution (i ad	f nat in hospitol	during a		UPATION (Kind of work d working life even if retire Chief Mach		2b. KIND OF B NDUSTRY		
	13a.	HELIAL DECIDENCE	Where deceased		tutian: Residence befare		OR TOWN	13d. INSIDE CITY	_	13e. STREET AND NUMBE				/_
?	admi	ssion) STATE	ryland	13b. COUNTY	Wicomico	Heb	ron	YES N	10 🗌	Rewastic	Roa	d		
		ATHER'S NAME	First	Middle	Lost		1S. MOTHER'S A	NAIDEN NAME	First	Midd	le		Last	
		Ch	arles		Blac	k		A	ra	Vada	à	Ram	sey	
		WAS DECEASED EVI	R IN U.S. ARMEI	D FORCES?	16b. SOCIAL SECURITY I		. INFORMANT V					stico		3
		Yes	War I	or dates of service)	483-01-12	67 M	rs. Fra	inces D	. B	lack, Hebror	1, Ma			
		18. CAUSE OF DE			r line for (o), (b), ond (c).)	- 0	, /	1.7	10,	1		ATE INTERVAL ISET AND DEA	
П		PART I. DEAT	H WAS CAUSED I	BY: E CAUSE (a)	Elnte	sles	raf	Ver	01	Clarken	un	14	rest	٤
		0199		DUE TO, O	R AS A CONSEQUENCE OF		0							
		Conditions, if ony rise to immediat		(b)	Coron	an	9- 2	BRE	2-2			171	ar	0
		stating the unde		DUE TO, O	R AS A CONSEQUENCE OF	1	T				3	9		
		lost.)	(c)										
		PART 2. OTHER SI	GNIFICANT COND	ITIONS CONTRI	IBUTING TO DEATH BUT N	OT RELATED	TO THE TERMIN	AL DISEASE OR	CONDITI	ON GIVEN IN PART I(a)				
	NO	096	TION CO	NOTION FOR	ANNUAL COEDITION WAS DE	DEODALED	100- 4117	ODCVO		20b. IF YES, WERE FINDII	TISKOD 201	DEDED IN CE	DTIEVING	
X	CERTIFICATION	190. DATE OF OPER	ATION 19b. CC	INDITION FOR	WHICH OPERATION WAS PE	REORMED	20o. AUT			CAUSES OF DEATH?	IGS CONSIL	PEKED IN CEI	CHITING	
		210. ACCIDENT W			OF INJURY M. Month Doy Yeor		HOW INJURY O	CCURRED (Ent	er natur	e af injury in Part 1 or Pa	rt 2, Item	1B.)		
	MEDICAL	or contributing (If either, notify r	nedical examine	r) P.1	M. 19	9								
	ME	21d. INJURY OCCU While Not wh	IRRED 21e. P	LACE OF INJUR	(AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	CTORY.) 21f.	LOCATION Str	aet ar R.F.D. N	a.	City ar Tawn	Co	ounty	Sto	te
		of work at wo	rk 🗀		Mark Company					7		/		
		22a. I certify	that (I) (this	haspital) g	attended the decease	ed fram_	5/17	, 19.4		death accurred an th	, 19 60		(I) (we)	
		causes st	aeceasea an ated abave,	(I) (we) (di	d) (did not) view the	bady afte	r death.	ny) (aur) ap	omian	aeam accurred an m	e date a	na naur d	ina Iran	1 Ine
7		22b. SIGNATURE	1/1	1	11			unic /	MED	CTAFE	22c. DATE	SIGNED	./	
		1	16	ur	der	DE	GREE PHYS.		MED. DIRECTO	R STAFF PHYS.	11/	8/6	8	
1		22d. PHYSICIAN'S NAME (Type)	Dr. S	. н. н	lurd1e		22e. AD	DRESS He	bro	n, Maryland				
	23o.	BURIAL, CREMATIO	N, 23b. DA	ATE	23/. NAME OF	CEMETERY (OR CREMATORY		23d.	LOCATION (City or Town)	(0	aunty)	(State)	
		REMOVAL (Specify)		. 8. 1	968 John H	lopkir	s Unive	ersity	Sch	ool of Medic	cine.	Balt	imor	e.N
	24.	FUNERAL DIRECTOR			ADDRESS			2So. REC'D	BY REGI	ISTRAR 2Sb. REGIST	RAR'S SIGN	NATURE		
		HOLLOW	AY & CO	IMPANY,	SALISBURY,	MARY	LAND	DATE NO	IV 1	2 1968 80	liare	De June	4	

VR A15 (4) 30M REV. 1/68

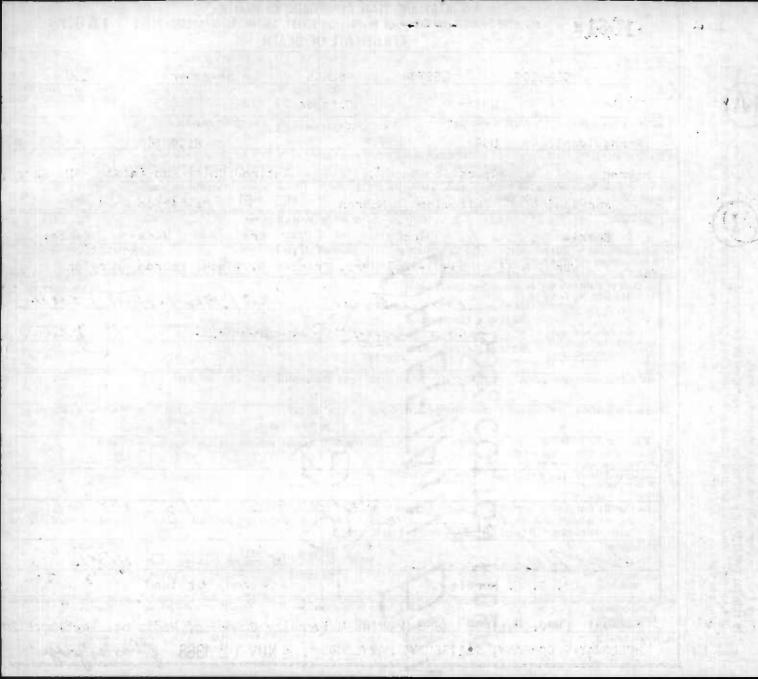
and the state of t

pletely filled in

death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached far use as the burial-transit permit. Then please shauld be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16634

16620				ICATE OF DE		RE, MARYLAND 21	201	166	3 4
1. DECEASED-NAME First		Middle		Lost	20.	DATE OF DEATH			2b. HOUR
(Type or print) VIOLA		E.		BRIMER		November	11Doy 1	968°	6:55 P
3. SEX	4. RACE			S. DATE OF BIRTH		6 AGE (In ve	ors IE	UNDER I YEAR	IF UNDER 24 HRS.
Female	Wh	ite		May 31.	1887	last hirthdo	y) YRS. MO	NTHS DAYS	HOURS MIN
7o. BIRTHPLACE (State or foreign	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIE	D NEVER MARRIED		UNTY OF DEATH	110.		
Maryland	U.S.	A.	WIDOWI			WICOM	TCO		M
10. CITY OR TOWN OF DEATH	1t. N	AME OF HOSPITAL OR INS	TITUTION (If not in haspital		UPATION (Kind of work	done	12b. KIND OF	BUSINESS OR
Salisbury	De dive	street oddress) er's Head	State	Hospital	uring Host of	working it even if re	tired.)	INDUSTRY	43-11
13o. USUAL RESIDENCE (Where deceos	ed lived, if institut	ion: Residence before	13c. CITY	OR TOWN 13d. IN	SIDE CITY LIMITS?	13e. STREET AND NUM	BER		
odmission) STATE Maryland	13b. COUNTY Somer	set	Cris	field	NO NO	Box 200	5		
14. FATHER'S NAME First	Middle	Lost		IS. MOTHER'S MAIDEN	NAME First		iddle		Lost
James	W.	Revell	Le	M	inerv	a		Catl	in
160. WAS DECEASED EVER IN U.S. ARN	NED FORCES?	16b. SOCIAL SECURITY N	10. 1	7. INFORMANT		Ad	dress		
Yes, no, or unknown) (If yes give w	rar or dales of service)	none]	Mrs Herbe	rt Gr	oton, Poc	omok	e Cit	y, Md
18. CAUSE OF DEATH (Enter on	ly one couse per li							APPROXI	MATE INTERVAL NSET AND DEATH
DADT I DEATH WAS CARRET	DV.			al failure				1 da	
4129		AS A CONSEQUENCE OF	Jan az	ar rarrare				1 ua	у
Conditions, if ony, which gave)			roti	c cardiows	eaulan	disease, d	laaam		
rise to immediate couse (o),	DUF TO OR	AS A CONSEQUENCE OF	21 0 0 1	c cardiova	scular		iecom-	year	8
stoting the underlying couse	(c)	o // consequence or				pensated.		17 4 4	
PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED	TO THE TERMINAL DISE	ASE OR CONDIT	ON GIVEN IN PART 1(a)			
7									
196. DATE OF OPERATION 196.	CONDITION FOR WH	ICH OPERATION WAS PER	RFORMED	20o. AUTOPSY?		20b. IF YES, WERE FIN	DINGS CONS	IDERED IN CE	RTIFYING
OII III III III III III III III III III			3	YES Y	NO 🖂	CAUSES OF DEATH?		DENED III CE	KIN TINO
210. ACCIDENT WAS UNDERLYIN	G 21b. TIME O	FINJURY	21c.			e of injury in Port 1 or	Port 2 Itom	18)	
S OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	Month Doy Yeor	2.4	THE PARTY OF COUNTER	(211101 110101				
2 W - St -						o or injury in contract	7 011 2, 11611		
(If either, notify medical examin	ner) P.M.	19							Chaha
ZIG. INJUNI OCCURNED ZIE.	ner) P.M.	19		LOCATION Street or R		City or Town		ounty	Stote
While Not while of work	PLACE OF INJURY	AT HOME, FARM, STREET, EACH OFFICE BUILDING, ETC.	TORY.) 21f.	LOCATION Street or R	.F.D. No.	City or Town	C	ounty	
While Not while 22a. I certify that (X) (thi	PLACE OF INJURY	AT HOME, FARM, STREET, FACE OFFICE BUILDING, ETC.	od from	LOCATION Street or R	.F.D. No.	City or Town	119 6	ounty 8 that	XI) (140) las
While Not while of work	PLACE OF INJURY s haspital) atta	(AT HOME, FARM, STREET, FACE OFFICE BUILDING, ETC.	ory.) 21f.	October 1	.F.D. No.	City or Town	119 6	ounty 8 that	XI) (140) las
While Not while of work of work of work of work 22a. I certify that (X) (this saw the de≱eased all	PLACE OF INJURY s haspital) atta	(AT HOME, FARM, STREET, FACE OFFICE BUILDING, ETC.	ory.) 21f.	October 1 and that in (***) (all or death.	, 19 <u>68</u> , ur) apinian	City or Town ta November death accurred on	119 6	ounty 58 , that and haur c	XI) (140) las
While Not while of work 22a. I certify that (X) (this saw the deceased at causes stated above 22b. SIGNATURE	PLACE OF INJURY s haspital) atta	(AT HOME, FARM, STREET, FACE OFFICE BUILDING, ETC.	od from 9 68 coady after	October 1	.F.D. No.	City or Town ta November death accurred on	the date	ounty 8 , that and haur c	(we) last
While Not while of work 22a. I certify that (A) (this saw the deceased at causes stated above 22b. SIGNATURE	s haspital) attellive an Novel , (0) (we) (did)	AT HOME, FARM, STREET, EACH OFFICE BUILDING, FTC. ended the decease mber 11, 14 (dXXXXX view the building)	od from 9 68 coady after	October I and that in (****) (all r death. GREE ATTENDING PHYS. [22e. ADDRESS	, 19 <u>68</u> , ur) apinian	City or Town ta November death accurred on R PHYS.	119 6 the date (ounty 8, that and haur of the signed 12/68	(we) last and fram the
While Not while of work of work of work of work 22a. I certify that (A) (this saw the deceased of causes stated above 22b. SIGNATURE	PLACE OF INJURY s haspital) atta	AT HOME, FARM, STREET, FACE OFFICE BUILDING, FTC. ended the decease mber 11, 14 dkikinit view the b	od from 9 60 coady after	October 1 Ind that in (A) (air death. GREE ATTENDING PHYS. 22e. ADDRESS Deer's	, 19 <u>68</u> , ur) apinian	City or Town ta November death accurred on	119 6 the date (ounty 8, that and haur of the signed 12/68	(we) last and fram the
While Not while of work of work of work of work of work 22a. I certify that (X) (this saw the deteased above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) L. V	PLACE OF INJURY is haspital) attaive an Novel , (X) (we) (did) Maldve Maldve	AT HOME, FARM, STREET, FACE OFFICE BUILDING, FTC. ended the decease mber 11, 11 (dXXXXXView the building, M. D.	d from 9 68 coady after	October I and that in (MA) (air death. GREE PHYS. 22e. ADDRESS Deer's	, 19_68_, ur) apinian MED. DIRECTO Head S	City or Town ta November death accurred on R	22c. DATE 11/1	ounty 58, that and have come signed to be compared to be compared to be county)	(State) (we) las
While Not while of work of work of work of work of work 22a. I certify that (X) (this saw the deceased at causes stated above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) L. V	PLACE OF INJURY is haspital) attaive an Novel , (X) (we) (did) Maldve Maldve	AT HOME, FARM, STREET, EACH OFFICE BUILDING, FTC. ended the decease mber 11, 11 (dXXXXXView the building, M. D. 23c. NAME OF C. Salem	d from 9 68 coady after	October I and that in (MA) (air death. GREE PHYS. 22e. ADDRESS Deer's	, 19_68_, ur) apinian MED. DIRECTO Head S	City or Town ta November death accurred on R	22c. DATE 11/1	ounty 58, that and have come signed to be compared to be compared to be county)	(State) (we) last
While Not while of work of work of work of work of work 22a. I certify that (X) (this saw the deceased at causes stated above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) L. V	s haspital) attended on Novel (c) (we) (did) Maldve Maldve	AT HOME, FARM, STREET, EACH OFFICE BUILDING, ETC. ended the decease mber 11, 11 (dXXXXXView the building) M. D. 8 23c. NAME OF C Salem ADDRESS	d from 9 69 coady after	October I and that in (AA) (and that in (AA) (and the control of t	, 19_68_, ur) apinian MED. DIRECTO Head S 23d. P REC'D BY REGI	City or Town ta November death accurred on R STAFF PHYS. To tate Hospit LOCATION (City or Tow OCOMOKE C STRAR 25b. REGI	22c. DATE 11/1	ounty 88, that and haur of the signed by the signed by the salisb county) Wor-Mary 1 and the salisb county)	(State) (we) last

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fundirector, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages I should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after the should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after the should be supported by the state of the same papers. VR A15 45M - 1

ited within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certified Page 4 may be retained by the hospital or attending physician.

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N - W. T. Proposition			
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18. Carrier			
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real formation and the	egalia likkaso		
James Hand Street St.	a Lugare - Ibrad of const	metroral is a	
		Made Turner, Albail	
The second of			
50 St. 12 17			
		de le carrier	

FOR STATE HEALTH DEPT.

necessary, please execute the certificate, writing the word "pending" in pencirin them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Madinal resolutions. hent of 5 may be retained for your files. To FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages + and 2 with the State Heolth prior to burial, cremotion, or removal, and in any event within 72 hours ofter death,

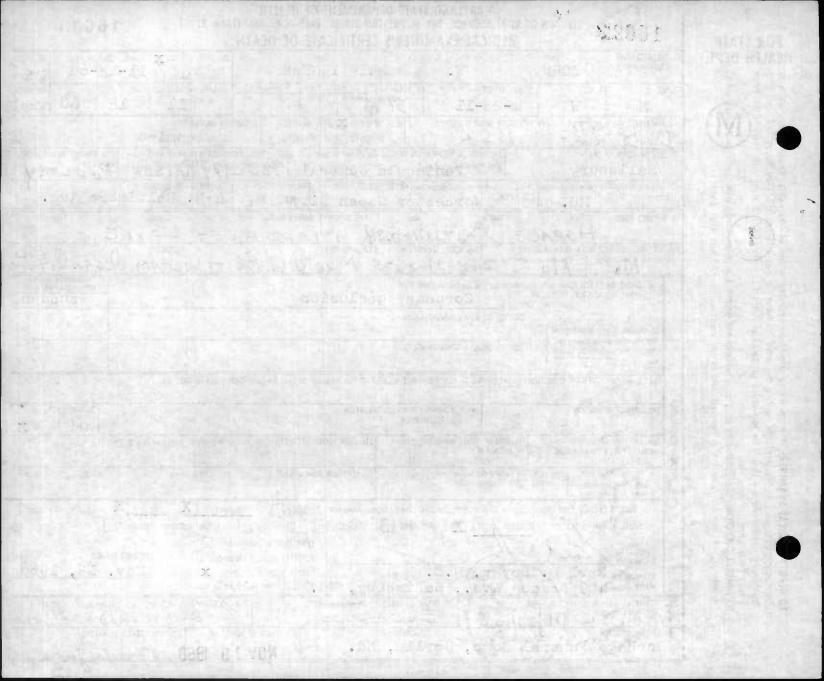
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16621 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1663.

Sex 4. Race S. Date of Birth 6. AGE (in years lif under 1 year in under 24 Hrs.) 2c. Date pronounced Dead Month 11 Day 14. Year (or between year in the property of	8 2d. HOUR MAN MAN BUSINESS OR
MONTHS DAYS HOURS MIN. Month 11 Day 14 Year 6 70. BIRTHPLACE (State or foreign country) 70. BIRTHPLACE (State or foreign country) 70. CITY OR TOWN OF DEATH Salisbury 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of work in all Peven is retired.) 120. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13b. COUNTY Worcester Ocean Cityes No 4 N Baltimore A 14. FATHER'S NAME First Middle CRITINHIM 15os. MONTHS MONTHS MARRIED MEVER MARRIED 9. COUNTY OF DEATH WIDOWED 120. USUAL OCCUPATION (Kind of work dane during most of working in Peven is retired.) INDUSTRY 13d. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE Md. 13b. COUNTY Worcester Ocean Cityes No 4 N Baltimore A 14. FATHER'S NAME First Middle CRITINHIM ARGARET ADDRESS	BUSINESS OR
WIDOWED DIVORCED Wicomico	ve.
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Salisbury 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Salisbury 12. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission admission admiss	ve.
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Worcester Ocean CityES No 4 N. Baltimore A 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last Middle Last Middle Midd	ve.
14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle HURACE BRITTINGHAM MARGARET LOWE 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
HURACE BRITTINGHAM MARGARET LOWE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS D	Lusi
(Version and account) 1 March 1997	
10 418-34-88 13 17 RS. VI. W. (28 11) NONAN OCON	CHO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	imate interval Onset and death udden
4/04 DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
last. (c)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AU YES 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
	_ NO _A
PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE NOT WHILE AT WORK A TWORK AT WORK AT W	State
	n my opinion
deon resolled tom: Notorol guises A, Accident J, Solicide J, Homicide J, Onderermined mainler J	
ACTUAL SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED	70/0
EXAMINER'S Earl L. Royer M.D. NAME (Type) 109 Camden Ave., Salisbury, Md ADDRESS (Street, city, town, or county)	1960
23a. BURIAL, CREMATION, 23b. QATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Gounty)	(State)
BREMOVAL (Specify) 11 17 68 EVERGREEN BERLING WOR 24. FUNERAL DIRECTOR (1 & D. ADDRESS) 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	Mo

VR A15ME (5) 10M REV. 1/68

TO DEPUTY



FOR STATE EALTH DEPT.

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VR A15ME (5) 10M REV. 1/68

TO DEPUTY

O DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours after deoth any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Vem 18. Five Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Verunekat vinections ruge stations are removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH 16623

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16630

	CEASED-NAME	First		Middle		lost				Month D	Day Yeor	2b. HOUR
- (1	ype or Print)	LAFA	YETTE	LAMAR		BROWN			OF ESTI-	11-5	-68 19	M
3. SE	χ	4. RACE	S. DATE OF BIRT		AGE (in years	IF UNDER 1 YEAR	IF UNDER 2	_	2c. DATE PRONOUNCED D	DEAD		2d. HOUR
	Male	AA	5-11-	.58	10 YR	MONTHS DAYS	HOURS	MIN.	ملوملو) oy 5	Yeor 68	M
	SIRTHPLACE (Stote	e or foreign	7b. CITIZEN OF WHA	AT COUNTRY?	8. M.	ARRIED NEVER MA	ARRIEDIK		NTY OF DEATH		571/41	
canu	Mary	land	U.S.		WIC	DOWED DIV	ORCED 🗌	M	<i>l</i> icomico			Md
10. C	Salis					ON (If not in hospito eneral	during	most of	CUPATION (Kind of work working life, even if re		2b. KIND OF BUS NDUSTRY	INESS OR
13a.				tion: Residence bef			13d. INSIDE CITY LI	shoc	13e. STREET AND NUMBE	R		
00	lmissian) STATE	Md.	13b. COUNTY W	licomico	Sa	lisbury	YES NO	0 🗆	32 Wacon	nia .	Ave.	11 5 00
14. F	ATHER'S NAME	First	Middle	La	ist	IS. MOTHER'S MA	IDEN NAME	First	Middl	e	Las	it
		Abraham	1	Brown		Pes	rr			Da	shiell	
		ER IN U.S. ARMED I		16b. SOCIAL SECURIT	Y NO.	17. INFORMANT	THE SE	Y. H	ADDRESS			
1,	es, no, or unknov	ALL) (II Aez Bine	war or dates of service)			Pearl E	rown		Saliabu	ry	Vervla	nd
	18. CAUSE OF	DEATH (Enter on	ly one cause per lir	ne for (a), (b), and	(c).)			27.0			APPROXIMATE BETWEEN ONSET	
	PART I. C	DEATH WAS CAUSED) BY: ATE CAUSE (a) F	racture	dis	locatio	n of	cer	vical spi	ine	sudd	en
	814	7		AS A CONSEQUENCE			F-42-Y					
		ony, which gove								-		
		liate cause (a), { nderlying couse (AS A CONSEQUENCE	OF						4 14 4	Nell a
20	last.		(c)								230	
	PART 2. OTHER	SIGNIFICANT COND	ITIONS CONTRIBUTION	NG TO DEATH BUT I	OT RELATED	TO THE TERMINAL	DISEASE OR CO	ONDITIO	N GIVEN IN PART 1(o)			
z	812.	4										
CERTIFICATION	19a. DATE OF C	PERATION	COMM	19b. CONDITION FOR WAS PERFORM		PERATION					20. AUTOPS	۲?
E E	41.41	7.3-7.									YES 🗆	NO 🛣
	210. EXTERNAL	CAUSE WAS R CONTRIBUTING [21b. TIME OF I	NJURY Manth, Day, 1					e of injury in Part 1 ar I			
MEDICAL	CAUSE OF DEAT	H	-3:30 P.A						by automo	obil		4440
M	21d. INJURY OC		PLACE OF INJURY (A ctory, office building	t home, form, stree	rt,	21f. LOCATION Stree			City ar Town		County	State
	AT WORK	AT WORK	ctory, office building	p		West Ro	ad, S		isbury, W:			d.
	22a. I	certify that I t	ook chorge of th	ie remains descr	ibed obov	ve, held on Aut	opsy,	Ins	pection X, Inqu	uiry X.,	ond in m	ny opinion
	deoth re	sulted from:	Notural cous	es , Accid	ent X,	Suicide,	Homicide	e 🔲,	Undetermined m	anner [
100		1/2	0 11	100000		СН	HEF MEDICAL E	EXAMINE	R 🔲			
	ACTUAL SIGNATURE	100	1010	1		M.D. AS	SISTANT MEDI	CAL EXAM	WINER 22	2b. DATE SH	GNED	1.0
	EXAMINER'S		. Royer			DE	PUTY MEDICAL	L EXAMIN	ATIV No. will	NOV.	8, 19	00
	NAME (Type)					ry, Mdas	DRESS(Street,					
23a.	BURIAL, CREMA	TION, 23b.	DATE			Y OR CREMATORY		23d.	LOCATION (City or Town) ((County) (S	State)
-	REMOVAL (Spec		1/9/68			Comete				ico		Md.
24.	FUNERAL DIRECT		25		DRESS		25a. REC'D		A	STRAR'S SI		200
	Clint	on Ste	wart, S	alisbur	y. M	Id.	DATE N	JA T	3 1968 8	Clear	and have	7

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Item2a FilmGlo7 MARYLAND STATE DEPARTMENT OF HEALTH 12/3/68 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MARYLAND STATE DEPARTMENT OF HEALTH

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ı		100%	MEDICA	L EXAMINER'S	CERTIFICATE	OF DEATH					
	1. DECEASED-NAME (Type or Print) .		irst	Middle	Lost		20. DATE KNOWN Month	Day Yeor	2b. HOUR		
1	(Type of Trill)		JOE		BYRD		DEATH MATED 1	7 1968			
ſ		4. RACE	5. DATE OF BIRTH	last hethdout		IF UNDER 24 HRS. HOURS MIN.	2c. DATE PRONOUNCED DEAD	V	2d. HOUR		
	Male	AA	12-19-	·19 (48 y	RS.	TIOURS MIN.	Month 11 Doy (8 Yeor 1,68	5:50 M		
	To. BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF WHAT		MARRIED NEVER MA	- A	INTY OF DEATH		- 190		
	country R.	rown	"UGA.	E	nookoten nov	ORCEDIZA	Wicomico		Md.		
V	10. CITY OR TOWN OF			E OF HOSPITAL OR INSTITUT	ION (If not in hospito		CUPATION (Kind of work done	12b. KIND OF BUSI	INESS OR		
	Salisbury Lake St. Laborer M										
130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Md. 13b. COUNTY Wicomico Salisbury YES NO Lake St.											
1	odmission) STATE	Md.	13B. COUNTY WE	comico Sa	alisbury	AE2 VO 🗆	Lake St.				
	14. FATHER'S NAME	First	Middle	Lost	15. MOTHER'S MA	IDEN NAME First	Middle	Lost			
1	unk	now	U-N		unt	now			2007		
1	160. WAS DECEASED EYER (Yes, no, onunknown		ED FORCES?	Sb. SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS	Mac Vale	U FAT		
	wire	nou	2	67869440	Talu	e dep					
			only one couse per line	for (o), (b), ond (c).)		V		APPROXIMATE BETWEEN ONSET			
1	PART I. DE/		sudde	en							
1	4109	H109 DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if ony, which gove (b) (b)										
ı		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF									
	last.		(c)		5 m - 1						
1	PART 2. OTHER SI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
	= 4-201								100		
	190. DATE OF OPI	ERATION	19	b. CONDITION FOR WHICH (WAS PERFORMED?	OPERATION			20. AUTOPSY	?		
	190. DATE OF OPI	45						YES X	NO 🗌		
1				JURY Month, Doy, Yeor	21c. HOW INJURY O	CCURRED (Enter notu	re of injury in Port 1 or Port 2, 1	tem 18.)			
4	CAUSE OF DEATH		P.M.	19							
1	E I I I I I I I I I I I I I I I I I I I	T WHILE [7]	e. PLACE OF INJURY (At foctory, office building,	home, torm, street, etc.)	21f. LOCATION Street	or R.F.D. No.	City or Town	County	State		
4	AT WORK AT	WORK									
		17		remains described abo	-	and the second second	spectian X, Inquiry .		y opinian		
	death resu	ulted from	: Natural cause:	X, Accident	, Suicide ,	Homicide	Undetermined manner				
	ACTUAL	19	XIK		CH	IEF MEDICAL EXAMINI		Carlotte III of			
	SIGNATURE	10 m	D - 1	3/1/2		SISTANT MEDICAL EXA			20/0		
	EXAMINER'S	arl L	0 - 3			PUTY MEDICAL EXAMI	NER NOT	V. 1/1.	1968		
1	NAME (Type)		amden Ave			DRESS(Street, city, to		(6)	A		
	23a BURIAL, CREMATION SPINOVAL (Specify	UN, 2	3b. DATE 3-62	23c NAME OF CEMETI	ERY OR CREMATORY	Da 276	TOCATION (City or Town)	(County) (St	tdte)		
	24. FUNERAL DIRECTOR	0 1	1210	ADDRESS	Auce	250. REC'D BY REC	GISJRAR 25b. REGISTRAR'S	SIGNATURE INC	4		
						NOV 2	GISTRAR 196B REGISTRAR'S		12		
- 1	DOOKET	r WAS	t. Saligh	mr. Md.		DATE	- 11	V			

VR A15ME (5) 10M REV. 1/68

TO DEPUTY

The Commercial Commerc

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16638 16624 CERTIFICATE OF DEATH Middle Last 20. DATE OF DEATH 2b. HOUR. Month 54 Year ember 4. RACE DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost bighday) MONTHS HOURS YRS 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Wicomico WIDOWED DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Peninsula General. Hospital 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO First IS. MOTHER'S MAIDEN NAME First Middle Last Middle 050 16b. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give war or dates of service) IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO T 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. Month Day Year P.M. County State

sician ond completely filled in by the funeral please remove corbon papers. Poges I and I, and in any event, within 72 hours after deat 7o. BIRTHPLACE (Stote or foreign SUMMERTON 10. CITY OR TOWN OF DEATH Salisbury 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 14. FATHER'S NAME physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) remova 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: permit. cremation, signed by the buriol-tronsit p Conditions, if any, which gave) rise to immediate couse (o). stoting the underlying cause last. buriol, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the rith the State Dept. of Health prior to 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Nat while at wark at wark 220. I certify that (I) (this haspital) ottended the deceased from sow the deceosed alive on 1965 and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF director, page should be filed DEGREE 22d. PHYSICIAN : 22e. ADDRESS NAME (Type) 23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY, OR CREMATORY 23d_LOCATION (City or Town) REMIDVAL (Specify)

I. DECEASED-NAME

3. SEX

xecuted within 24 hours after

OR ATTENDING PHYSICIAN: The low requires that the death certificate be

(Type or print)

(County)

The transit is come a supplied to a vance is THE REPORT OF THE PARTY OF THE MON S & 1968 Society Contra

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

I. UE	CEASED-NAME	First		Midd			Last			KNOWN	Month	Day	Year	2b HOUR
(1)	ype ar Print)	JA	MES	HA	NDY		AVIS		OF	ESTI-	Nov		1,68	7.35 M
3. SE	Х	4. RACE	S. DATE OF E	IRTH	6. AGE (In year lost birthday)	MONTHS I		IF UNDER 24 HRS	Tr. Duit	PRONOUNCE				34 HOUR
M	ale	White	Oct. 26	,1884	84	RS.	UAIS	ILOOK3 MIII	NO.	th •	D _S y	Year	19 68	a. M
a. B	IRTHPLACE (State	ar foreign	7b. CITIZEN OF V	HAT COUNTRY?	8.	MARRIED N	VER MARRIE	ED 9. 0	OUNTY OF I		1.00			7113
aunt	ry) Maryl	and	U.S.A			IDOWED 🛣	DIVORCE	D 🔲	Wi	comie	0			Md
0. CI	TY OR TOWN OF			NAME OF HOSPITA				12a. USUAL				12b. KIND		IESS OR
	Salis			street address								Hari Hari	ning	
3a.	USUAL RESIDEN	E (Where decea	sed lived, if inst	tutian: Residence	before 13c. C			SIDE CITY LIMITS?	1.00. 0111	ET AND NUM	ABER			
				Somerse		nobeth		S NO		ral				
4. F/	ATHER'S NAME	First	Midd		Last	15. MOTH	R'S MAIDEN				ddle		Last	
		James			vis			Ole	via	_		Hay	man	
	VAS DECEASED EV S. na, ar unknav No	ER IN U.S. ARMED	FORCES? war or dates of service	16b. SOCIAL SEC		17. INFORMA		144	D- 37	ADDRE			200	
_	No			215-38	-1721	Gene	Balle	ey-411	Duale	y Ave	roc		PROXIMATE II	
	18. CAUSE OF			line far (a), (b),								BETW	EEN ONSET A	
	1 A	IMMEDI	ATE CAUSE (a)	Conge		hear	t fa	ilure				d	lays	
	412	ny, which gave		R AS A CONSEQUI										
	rise to immed	iate cause (a),	(0)_2	rterio		otic	card:	10-va	scul	ar di	seas	е у	rear	8
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF													
	(c)													
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 22/Fracture dislocation cervical spine														
NO	19a. DATE OF O		e arsic	19b. CONDITION									20. AUTOPSY?	
CERTIFICATION	TAU. DAIL OF O	LIGHTON		WAS PERF	FORMED?						YES PK	NO 🖂		
EX.	21g. EXTERNAL	CAUSE WAS	21b. TIME (F INJURY Manth, C	Day, Year	21c. HOW IN	JURY OCCUR	RRED (Enter n	ature of iniu	v in Part 1	or Port 2 It		113 64	
	PRIMARY O	R CONTRIBUTING	7.194	M. Oct.1	6 1060			cciden						
MEDICAL	21d. INJURY OC			(At hame, farm,		21f. LOCATIO				ar Tawn	5 ~ 0	County	-	State
	WHILE N	T WHILE TO	ctory, affice build	# 667		1 1	nile :	north		COLT TO JO	- Som	erset	M	3.
				the remains d	ascribed ab	-			Inspection					opinian
		sulted from:		uses , A						etermined			u iii iiiy	оринан
	d culli 10	0	Λ	, <u>.</u>	ccideiii 5	7 Joicide		MEDICAL EXAM		Henninea	mamme			
	ACTUAL	Ton!	1/4	2				INT MEDICAL I	_	7	22b. DATE	SIGNED		
	SIGNATURE			X 40	9 Camd	en Ave					No	v. 1	.2,	1968
	EXAMINER'S NAME (Type) Earl L. Royer MB. Salisbury, Md. ADDRESS (Street, city, tawn, or county)													
23a.	BURIAL, CREMA	TION, 23b.	DATE		AME OF CEMET		TORY	[2	3d. LOCATIO	N (City ar Ta	wn)	(Caunty)	(Ste	ate)
	REMOVAL (Spec	fy) No	ov.12,19		obeth :					hobet		erse	t-Md.	•
_	FUNERAL DIRECT							a. REC'D BY		Tan a				
24.	TONERAL DIRECT	Dan d	w & Sor		ADDKESS	3.62		ATE NOV			egistrar's Cla			

VR A15ME (5) 10M REV. 1/68

TO DEPUTY

X (2) 11 (2) (2) (3) Live Hard to post occi- or opening the relation or to have extended \mathbf{x} . , T numina de la companya And the state - the land of the land

Office olong with farm Tond 2 with the Sta

ent of

necessary, please execute the certificate, writing the word "pending" in pencil in the firm 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the first to

the funeral director. Poge 4 should be forworded to the Chief Medical Examiner's 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages

TO DEPUTY

Health prior to burial, cremotion, or removal, and in any event within 72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH 16626 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-4	6	19	.00	1.
1	Ex	Ph.	1	4.0
	13	1.9	X	17

		1006		MEDIC	AL EXAMIN	ER'S	CERTIFICATE	OF DE	ATH		10010	
		CEASED-NAME	First		Middle		Lost	1	g Py	20. DATE KNOWN Month		2b. HOUR
	(1)	ype or rilling	LES!	TER	W •		DAVIS			OF ESTI-	-18-68,	3:30
	3. SE)	Male	4. RACE White	5. DATE OF BIR	1 1	AGE (In years ast birthday)	MONTHS OAYS	HOURS	24 HRS. MIN.	2c. DATE PRONOUNCED DEAD Month 7 7 Doy	18 Yeor 68	2d. Hour
		IRTHPLACE (Stote		b. CITIZEN OF WH			ARRIED NEVER MA	RRIED	9. COU	INTY OF DEATH		1
	counti	ry) Mar	yland	USA				ORCED 🔲		Wicomico		N
~	10. CI	TY OR TOWN OF		11. NA give s	AME OF HOSPITAL OR	INSTITUTI	ON (If not in hospito	12o. U during	SUAL OC	CUPATION (Kind of work done f working life, even if retired.)	INDUSTRY Tex	INESS OR
	120 1	20 HIGHAL DECIDENCE (Whose decreed lived it inclination Decidence Later 12c CITY OR TOWN 13d INSIDE CITY HAITS? 120 STREET AND MUMPED									Tex	tile
1	odmission) STATE Md. 13b. COUNTY Allegany Cumberland YES NO Knox Street											
)		THER'S NAME	First	Middle	Los	it	15. MOTHER'S MA			Middle	Los	t
4			Claren	ce W. D	avis			M	yrt:	le Deremer		
		es, no, or unknov	(ER IN U.S. ARMED FO	ORCES?	16b. SOCIAL SECURITY	NO.	17. INFORMANT Mrs. Vi:	rgini	a Da	ADDRESS avis-Wife		
	Mrs. Virginia Davis-Wife 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion									APPROXIMATE BETWEEN ONSET	ANO OEATH	
		4100	IMMEDIAT	E CAUSE (a)			occiusio	n			sudde	311
		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove										
		rise to immed	iote couse (o), ((b)	AC A CONCECUENCE	OF						
G		stoting the un	derlying couse	DUE TO, OK	AS A CONSEQUENCE	Ur					1	
d			CICHIEICANT CONDIT	(c)	NO TO DEATH BUT H	OT DELATE	D TO THE TERMINAL	NICEACE OR	COMPUTIO	AU OUGH III BARY 1/)		
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 420											
,	CERTIFICATION	190. DATE OF O	PERATION		19b. CONDITION FOR WAS PERFORME		PERATION	11/2	100		20. AUTOPS	y?
	HE				WAS PERFORME	ייטי					YES 🔀	NO 🗌
			R CONTRIBUTING	HOUR A.			21c. HOW INJURY O	CCURRED (Er	nter notu	re of injury in Port 1 or Port 2,	Item 18.)	
	MEDICAL	CAUSE OF DEAT 21d. INJURY OC		ACE OF INITIRY (M. It home, form, street		21f. LOCATION Street	or P.F.D. No.		City or Town	County	Stote
			of WHILE Toch	ory, office building	g, etc.)	,	Zii. Location Silon	01 (1.1.0.110		City of Town	Coomy	31016
		22o. l	certify that I to	ok charge of th	ne remains descri	bed aba	ve, held an Auto	ipsy A	Ins	spection X, Inquiry	X, and in m	y opinior
		death re	sulted from:	Natural caus	s X, Accide	ent 🔲,	Suicide,	Homicia	de 🔲,	Undetermined manner	r 🔲	
	9	100011	80	1 /			CH	EF MEDICAL	EXAMINI	ER 🗌		
		SIGNATURE	my	C ~	V		M.D. ASS	SISTANT MED	ICAL EXA	OALL CAPITY COMPANY	TE SIGNED	0/0
5			Earl L.	Royer	, O1.D.			PUTY MEDICA			v. 19, 1	1968
X	1	NAME (Type)					ry, Md AD	DRESS[Street				
	230.	REMOVAL (Speci	4.3				RY OR CREMATORY			LOCATION (City or Town)	,	tote)
		REMOVAL (Special		.22,196			orial Ce	meter	У	Cumberland, Al	legany, M	ld.
?		FUNERAL DIRECT		9 77		RESS	3 35 3			GISTRAR 25b. REGISTRAR	S SIGNATURE	
1	20	carpel	II rune	ral Ho	me, Gumb	erl	and, Md.	DATEN	116	4 1968 VClin	mela D	

Sages 1 and 2

hin 24 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execy Page 4 may be retained by the haspital or attending physician.

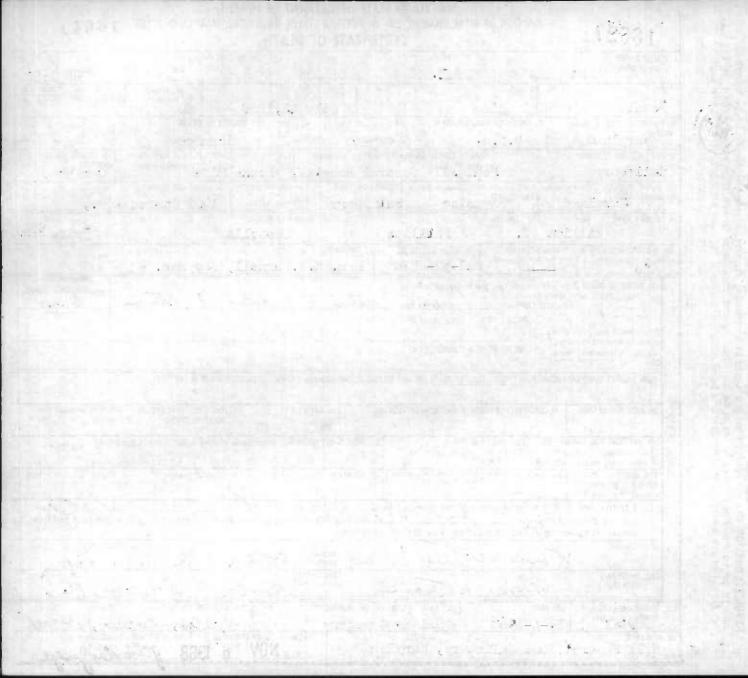
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

PRESTON S	IREET, BALTIMORE,	MARYLAND 21201	6	6	2
ICATE OF	DEATH				1

	7004				,	CLKIIL	ICATE O	DEATH								
	EASED-NAME	First		100	Middle		Lost		20.	DATE OF				.,		HOUR
(1YP	e ar print)	BARBAR	A	ES	TELLA		DENS	SON			Mon	ih j	Day	1968	1:1	30
3. SEX			4. RACE				S. DATE OF	BIRTH			6. AGE (In years		DER 1 YEAR	IF UNDER	24 HRS.
Fe	emale		1/1	nite			Jul	y 22,18	888		last bi	rmaay) YR	RS. MONTH	S DATS	HOURS	MIN.
7o. BIF	RTHPLACE (Stote or f	areign 7	b. CITIZEN	OF WHAT CO	UNTRY?	8. MARRII	D NEVER A	ARRIED	9. COL	JNTY OF	DEATH			9-1		
cuonii	Maryland		U.S	5. A.	21000	WIDOWI		ORCED	W	icom	ico					N
10. CIT	Y OR TOWN OF DEA	тн		11. NAME OF give street of ening	HOSPITAL OR INS		If nat in haspita L Hospi					wark dan if retired		DUSTRY		SOR
30. U admiss	SUAL RESIDENCE (WI	nere deceased and	lived, if in 13b. COU	nstitution: Re	esidence before	13c CITY Salis	or town sbury	13d. INSIDE CITY	LIMITS?			NUMBER amde	n Ave	e.,		
	THER'S NAME F	irst 11iam	1	ldle	lost Philli	.ps	1S. MOTHER'S	MAIDEN NAME Est	First tell	a		Middle		Pri	last LCE	
	VAS DECEASED EVER	IN U.S. ARMEI			SOCIAL SECURITY N		7. INFORMANT					Address				
Tes	, no, or unknown)	(11 Aez dine mai.	or dates of serv	220	-52-882	8	Mrs. R	.R. Purr	nell	, Se	e Se	c. #:	2		ME	90
1	8. CAUSE OF DEATH	H (Enter only	one cause	/	(a), (b), and (c).				1 /-		,	,			MATE INTERV NSET AND D	
s le	ise to immediate containing the underlying the underlyingst. PART 2. OTHER SIGNINGS AND ADDRESS OF OPERATION OPERATION OF OPERATION OPE	IFICANT COND	(c TIONS <u>CON</u>) TRIBUTING T	ONSEQUENCE OF			NAL DISEASE OR	RCONDITI	•		1(a)	is conside	FRED IN C	FRTIFYING	G
RTIFICA							YES	□ NO □		CAUSES	OF DEAT	H?				
EDICAL	To. ACCIDENT WAS ON CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTION OF CONTRIBUTI	CAUSE OF DEATH	HOUR	P.M.	nth Day Year	,		OCCURRED (Ent		e af injur	y in Part	1 or Part	2, Item 1	В.)		
a	21d. INJURY OCCURR While Nat while t wark at wark				ME, FARM, STREET, FAC BUILDING, ETC.				151	,	or Town		Cou	/		State
2	22a. I certify th saw the de causes stat	ceased aliv	e an	1	the decease	960.0	and that in I	(my) (aur) a	pinian	ta death a	ccurrec	_ / , I an the	date ar	_, that id haur	(I) (wand fra	re) la um th
2	2b. SIGNATURE	1	uni	w.	Tow. 1	1. D	EGREE PHYS.		MED. DIRECTO	R 🗆	STAFF PHYS.	_ 2 ²	2c. DATE S	SIGNED - 4-61	le l	
2	2d. PHYSICIAN'S NAME (Type)		NEVI	ws h	1 1000	Ip.	22e. A	DDRESS MED		TR -	ما		BURY	- 17	٨	
	BURIAL, CREMATION, REMOVAL (Specify) BUTIAL	23b. DA	TE 4-196	68	23c. NAME OF Siloa		or crematory		23d.	LOCATIO		r Town) Wice	,	unty)	(State	,
24. FL	INERAL DIRECTOR Hill Fune				ADDRESS			250. REC'D DATE NO		ISTRAR		REGISTRA	R'S SIGNA			375

TO FUNERAL DIRECTOR: After this cerificate has been signed by the attending physician and canaletely fille directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban personally be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within VR A15 (4) 30M REV. 1



FOR STATE

Pone PM3

pages 1 and 2 with the State Departme Office along with form

File permit.

Health prior to buriol, cremation, or removal, and in any event within 72 hours after death

24 hours ofter death Sny delay is in Item 18. Give Pages 1, 2, and 3 to

This certificate should be execute

necessory, please execute the certificate, writing the word "pending the funeral director. Page 4 should be forwarded to the Chief Medi 5 may be retained for your files.

• FUNERAL DIRECTOR: Page 3 should be used as burial-transit

DICAL EXAMINER:

O DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2000		MEDIC	AL EXAMI	NER'S CE	RIIFICAL	E OF DE	:AIH	1	004%	
1. DECEASED-NAME (Type or Print)	First	170)	Middle	TOTA	Last	(mena)		OF ESTI-	ay Year	2b. HOUR
(.16)	ALIC		FLOREN		DUCE			DEATH MATED 11-24	1-6019	9 7
3. SEX	4. RACE	S. DATE OF BIR	_	last buthday)	MONTHS OAYS	#F UNDER	24 HRS	2c. DATE PRONOUNCED DEAD		2d. HOUR
Female	White	2-7-1	8	50 YRS.	WOMEN'S OFFI	Hooks		Month 11 Day 24	Year 1968	9 %
7a. BIRTHPLACE (Sta		. CITIZEN OF WHA	AT COUNTRY?	8. MAI	RRIED NEVER	MARRIED	9. COU	NTY OF DEATH		
country) Mar	yland	USA		WIDO	OWED D	VORCED	N	licomico		Mo
10. CITY OR TOWN	OF DEATH		ME OF HOSPITAL O		(If nat in haspi				b. KIND OF BUSI	NESS OR
Sal	isbury	9 1 6	minsula	a Gene	eral	Ho	mast at	work & Canning F	actory	
	NCE (Where deceased	d lived, if institu	tian: Residence be			13d. INSIDE CITY		13e. STREET AND NUMBER		
admissian) STAT	Md.	136. COUNTY W	icomico	Fru	uitland	YES 🔲 I	NO 🔲	Main & Brown	Sts.	
14. FATHER'S NAME	First	Middle	L	ast	IS. MOTHER'S N	AIDEN NAME	First	Middle	Last	
	George	Τ.	Willia	ams		Mar	nie	Evelyn	Enn:	is
	VER IN U.S. ARMED FO	RCES?	16b. SOCIAL SECURI	TY NO. 1	7. INFORMANT	(son)	ADDRESS 1507	S. D:	iv.
(Yes, na, ar upkno	(If yes give wo	or dates of service)	13-16-8	3314 N	ir. Wm.	Ducl	c, S	alisbury, Md.		
18. CAUSE O	F DEATH (Enter only								APPROXIMATE BETWEEN ONSET	
PART I.	DEATH WAS CAUSED	BY: E CAUSE (a)	Carbo	on mor	noxide	pois	onin	ıg		ays
874	X		AS A CONSEQUENCE	E OF						
	any, which gave	(b)								
	diate cause (a), (DUE TO, OR	AS A CONSEQUENCE	E OF	14 40	0.7 1.7			4.5	
last.)	(4)								
PART 2. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED	TO THE TERMINA	DISEASE OR	CONDITIO	N GIVEN IN PART I(a)		
1 7901)	- 13	Cultural Control							
19a. DATE OF	OPERATION		19b. CONDITION FO		RATION	1175			20. AUTOPSY	?
III			WAS PERFORM	MED?					YES 🗀	NO DO
E 210 EYTEDNAL	CALISE WAS	1216 TIME OF	NILIDY Month Day	Year 12	1. HOW INITIDY	OCCUPATO IT	star matur	o of injury in Don't 1 or Don't 2 Hom	101	

PRIMARY OR CONTRIBUTING MEDICAL CAUSE OF DEATH 21d. INJURY OCCURRED

21e. PLACE OF INJURY (At hame, farm, street, factory, affice building, etc.)
Own home

Noturol causes

21f, LOCATION Street ar R.F.D. Na.

Suicide

at own home. City or Town

Undetermined manner

County State

16610

WHILE AT WORK AT WORK

death resulted from:

Accident X

ADDRESS

Main & Brown Sts.. 22a. I certify that I took charge of the remains described above, held an Autopsy

Fruitland Inspection [X] Inquiry X ond in my opinian

Wic ..

1968

(State)

ACTUAL

NAME (Type)

L. Royer M Camden Ave.,

Salisbury,

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

Md ADDRESS(Street, city, tawn, ar caunty)

Homicide

22b. DATE SIGNED Nov. 26.

BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11-27-68 23c. NAME OF CEMETERY OR CREMATORY Smullen Cemetery

23d. LOCATION (City or Town) (County) Worcester, Md.

24. FUNERAL DIRECTOR

Holloway & Company, Salisbury, Md.

2Sa. REC'D BY REGISTRAR DATDEC 2 1968

VR A15ME (5)

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0				8-14-15 E		
	N 201 AM		The second			
		20 phones with			A DESCRIPTION OF THE PROPERTY	
d				ALVARED, MO-		

Inding physician and campletely filled in by the function in Property of the p

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician.

director, page 3 shauld be detached far use as the burial-transit perresered be filed with the State Dept. of Health priar ta burial, crematian, FO FUNERAL DIRECTOR: After this certificate has been signed by the att

30W REV. 1/68

16623				CERTIF	ICATE OF	DEATH					1664	13	
1. DECEASED-NAME	First		Middle		Last	7	2a.	DATE OF		D.	V	2b.	HOUR
(Type ar print)	Elbe	rt	F.		Ducke	rv			Month	Day 29	1.968	3	8P.
3. SEX		4. RACE			S. DATE OF I				6. AGE (In year	rs	IF UNOER 1 YEAR	IF UNDER	R 24 HRS.
Male		N	legro		March,	1,1891			last birthday)	YRS.	MONTHS DAYS	HOURS	Min.
a. BIRTHPLACE (State	ar fareign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRI	ED 🔼 NEVER MA	RRIED	9. COU	INTY OF	DEATH		4.70%		
Md.	SOTO A	U.S.	A.	WIDOW		ORCED 🗀	1- 3		Wicomi	.co			M
10. CITY OR TOWN OF Salist			street address)						Kind of work of the contract o		12b. KIND OF INDUSTRY Pa R	BUSINES:	S OR
13a. USUAL RESIDENCE admission) STATE Mo		d lived, if institu 13b. COUNTY	rian: Residence befar Kent		or town ington	13d. INSIDE CITY YES N	LIMITS?	13e. STR	None	ER			
14. FATHER'S NAME	First	Middle	Last		IS. MOTHER'S A	AAIDEN NAME	First		Mid	die		Last	
	Elbert		Ducke	ry		Do	ra				Starl	ing	
16a. WAS DECEASED EV Yes, na, ar unknawn			16b. SOCIAL SECURIT		17. INFORMANT				Addr				XX
res, na, ar onknawn	(, , ,	or dutes or sarvice;	717-07-9	029 1	Mrs. Flo	rence	L. I	Ducke	ry, Mi	llir			
			ine far (a), (b), and ((c).)						40		MATÉ INTER ONSET ANO I	
PART I. DEA	TH WAS CAUSED	BY: E CAUSE (a)	Pulmonar	y Con	gestion	& Eder	na				Day	78	
4120	3		AS A CONSEQUENCE O										
Canditians, if any		(b)	Arterios	clero	tic Caro	diovas	cula	r Di	sease		Yes	ars	
rise to immedia		DUE TO, OR	AS A CONSEQUENCE O										
last.	aring the orderlying coose												
449 V	IGNIFICANT COND	OITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATE	D TO THE TERMIN	AL DISEASE OR	CONDITI	ON GIVEN	IN PART 1(a)				
19a. DATE OF OPER	RATION 19b. C	ONDITION FOR W	HICH OPERATION WAS	PERFORMED	20a. AUT YES 🖫				YES, WERE FINDS OF DEATH?	INGS CO	NSIDERED IN C	ERTIFYIN	G
21a. ACCIDENT W	CAUSE OF DEATH	HOUR A.M. P.M.	Manth Day Ye	or 19	. HOW INJURY O			e af injury	in Part 1 or P	art 2, It	em 1B.)		
While Nat w	ork 🗆		(AT HOME, FARM, STREET, OFFICE BUILDING, ETC.						or Town		County		State
22a. I certify sow the causes s	thot (I) (this deceosed oli toted obove,	hospitol) ot ve on	tended the deced 1/29/68 (did not) view th	sed from. 19 e body oft	ond that in (rer deoth.	58, 19_ ny) (our) of	pinian (to1 death o	ccurred on the	, 19_ he dat	, that e ond hour	ond fro	ve) la om th
22b. SIGNATURE	1	0	(1	/		lu o	MED		47.55	22c. Da	ATE SIGNED		
Am	In	CY	Noteh	Mo	EGREE PHYS.	ING 🖃	MED. DIRECTO	R 🗆	STAFF PHYS.	No	v. 30,	196	8
22d. PHYSICIAN'S NAME (Type)		ew C. M:	itchell, N	/. D.	22e. AD		2018	, Sa	lisbury		FI Jak		
230. BURIAL, CREMATIC					OR CREMATORY				N (City or Town)	(Caunty)	(State	e)
Bur Tan (Specify	Dec	.5,1968	Milli	ngton	Cemeter			lling			Cent	Md.	
24. FUNERAL DIRECTOR	3		ADDRE	SS		2Sa. REC'D	BY REGI	STRAR	2Sb. REGIS	TRAR'S S	GIGNATURE		

DATEDEC 3

1508

Edward Fellows & Son, Millington, Md. 21651

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MARYLAND STATE DEPARTMENT OF HEALTH

16644

16630

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1. DECEASED-NAME First Middle	Lost 2o. DATE OF DEATH	2b. HOUR_								
(Type or print)	20. DATE OF DEATH Doy	Yegr C 20. HOUK-								
John Larry	DUKES NONEMBER 1	7 1968 12 TM								
3. SEX 4. RACE	13. DATE OF DIKTH	F UNDER 1 YEAR IF UNDER 24 HRS.								
MALE Caucasian	25 September 1910 ost birthday) YRS.	ONTHS DAYS HOURS MIN								
Christian										
COUNTRY CONTRACTOR OF THE PROPERTY OF THE PROP	NEVER MARKIED									
WIDO WIDO	OWED DIVORCE Wicomico	Md								
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION		12b. KIND OF BUSINESS OR								
Salisbury give street address) Pe	ninsula during, most of working life, even if retired.)	INDUSTRY								
	IOSDITAI Laborer ITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER									
odmission) STATE 13b_COUNTY	VECT NOT									
Delaware Jussex / I'll	Ushoro - R Noule									
14. FATHER'S NAME First Middle Lost	1S. MOTHER'S MAIDEN NAME First Middle	Last								
Larry E. Dukes	Lana	Timmons								
	17. INFORMANT Address	1 10110100								
160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes to ar unknown) (If yes give war ar dates of service) 16b. SOCIAL SECURITY NO. 222-07-2297	Aline E. Collins Millsboro	. Delaware								
		APPROXIMATE INTERVAL								
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)		BETWEEN ONSET AND DEATH								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	enticomia									
532 DUE TO, OR AS A CONSEQUENCE OF										
Conditions, if any, which gove	0-	in Inen								
rise to immediate couse (a).	unuas	Torongo								
stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	0.0000.0	1222								
lost. (c)	africal dust, wel.	Justays.								
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
- 5411 Delevem Tum	ino									
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORME		ICIDEDED IN CEDTIEVING								
3	CAUSES OF DEATHS	SIDERED IN CERTIFICATION								
= 1105 c8 Perforated wheel	YES NO X									
	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	m 18.)								
G GOVERNMENT OF CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19 21d IN HIPPY OCCUPED TO BE PLACE OF IN HIPPY AT NOME FARM, STREET, FACTORY.)										
Z1d. INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.)	21f. LOCATION Street or R.F.D. No. City or Town	County State								
		For The Table								
of work of work	11-05 1065 - 11-15 106	- P + 1 + 10 1 > 1								
22a. I certify that (I) (this haspital) attended the deceased fro	m 11-05 , 19-60, 10 11-17, 19-6	2a_, That (I) (we) las								
causes stated abave, (I) (we) (did) (did not) view the bady of	, and that in (my) (eur) apinian death accurred an the date	and naur and tram the								
	The state of the s	TE CIONED								
22b. SIGNATURE COST TO DATE	ATTENDING MED. STAFF	TE SIGNED								
Men perezon 4. March	DEGREE PHYS. DIRECTOR PHYS.									
22d. HUSICIAN'S	22e. ADDRESS									
NAME (Type)										
230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)								
DEMONIAL (C. 15.)	V- ()	0 4								
	ro Memorial Dagsboro, Susse									
24. FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SI									
Novald Janes Illellston L	Lel. DATE NOV 19 1968 your	nes Judge								

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and capipletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital or attending physician.

VR A15 (4)

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VR A15ME (5) 10M REV. 1/68

23g. BURIAL CREMATION

REMOVAL (Specify)

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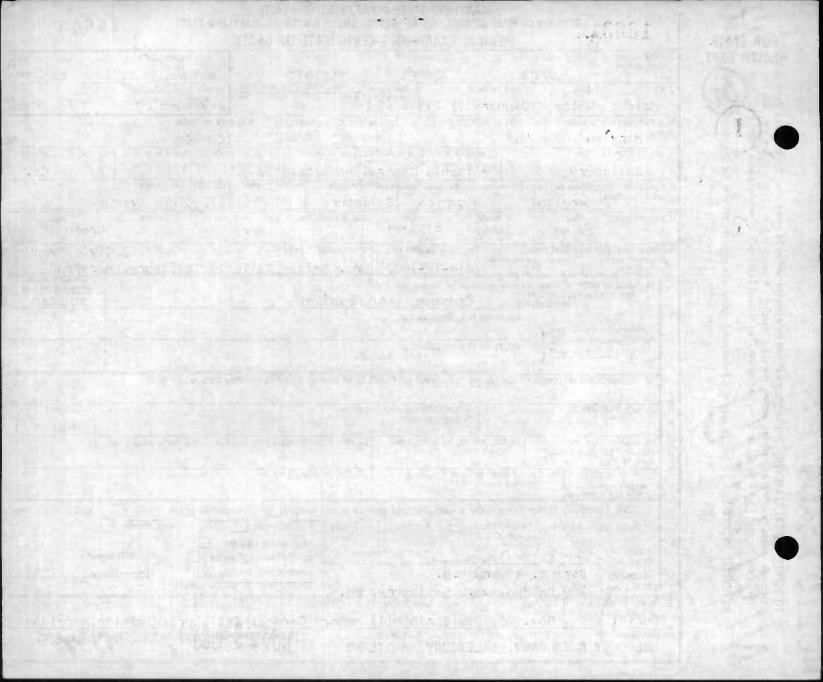
24. FUNERAL DIRECTOR HOLLOWAY & COMPANY. SALISBURY. MARYLAND

Nov. 23,1968 Springhill Memory Gardens Salisbury, Wicomico, Maryland

23d. LOCATION (City or Town)

(County)

(State)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16646 16632 CERTIFICATE OF DEATH 2a. DATE OF DEATH 1. DECEASED-NAME Middle First Last 2b. HOUR death pu (Type or print) Month Year 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years last birthday) MONTHS DAYS HOURS TE ated within 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH completely filled in by 8. MARRIED NEVER MARRIED Wicomico WIDOWED [DIVORCED [115 within 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Peninsula 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) **INDUSTRY** carbon Salisbury Hospital General 13c. CITY OR TOWN ony event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES exec 15. MOTHER'S MAIDEN NAME First Middle Middle Last puo and in 0 LO W please ATTENDING PHYSICIAN: The law requires that the death certificate physicia 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give war or dates af service) Yes, na, as unknown) burial, cremotion, or removol, signed by the ottending phy burial-transit permit. Then 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET, AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF offending physicion. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate hos been be detached for use as the Stote Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO F be retained by the hospital or 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Tawn County While Nat while at wark OFFICE BUILDING ETC at wark 22a. I certify that (1) (this haspital) attended the deceased framsaw the deceased alive an. _1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the director, page 3 should should be filed with the causes stated abave (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS DIRECTOR 22d. PHYSICIAN 22e. ADDRESS NAME (Type 23a. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (Stote) 23b. DATE (County) FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. VR A15 (4) 1968 30M REV.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16647 16633 CERTIFICATE OF DEATH . DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR 24 haurs after death. eath 9 (Type or print) EVIN NOVEMBER 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthday) MONTHS DAYS HOURS JULY comptetely filled in by 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Wicomico WIDOWED | DIVORCED | 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR Peninsula carban give street address) during most of working life, even if retired.) **INDUSTRY** Salisbury General Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 🗔 NO T remave in any 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle and Lost law requires that the death certificate be ex AUST KAND please andi 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na. ar unknawn) (If yes give war or dates of service) ar remayal, ARTWOOD en 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE crematian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove burial-transit rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause: PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING ATTENDING PHYSICIAN: The CAUSES OF DEATH? YES [NO N 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) far be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year of (If either, notify medical examiner) P.M detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Not while at work at wark 22a. I certify that (1) (this haspital) attended the deceased from 1968, and that in (my) (aur) apinian death accurred an the date and have and from the saw the deceased alive an. shauld causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED directar, page 3 should be filed DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) ILMING TON FUNERAL DIRECTOR BY REGISTRAR VR A15 (4) 30M REV. 1/68

N. 1988 S. F. VON.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached far use as the burial-transit permit. Then please, shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and is

VR A15 (4) 45M - 1/69

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

			CENTI	FICALE OF L	JEAIN				
. DECEASED-NAME	First	N	Middle	Last		2a. DATE OF D	EATH		2b. HOUR
	LEROY	(None	9)	GODWIN		Nov	Month Do		11:15
3. SEX Male	4.	RACE White		S. DATE OF BIR	15,1894	+ 6	AGE (In years less birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
ro. BIRTHPLACE (State or fo	oreign 7b. C	USA	RY? 8. MARR	NEVER MARR	וכטו	WICOMI	EATH		
D. CITY OR TOWN OF DEAT Salisb		11. NAME OF HOS	SPITAL OR INSTITUTION ASS) Head State	(If not in haspital	120. USUAL O	CCUPATION (K	ind of work done	12b. KIND OF INDUSTRY	BUSINESS OR duce
30. USUAL RESIDENCE (Who demission) STATE Maryland		ed, if institution: Reside b COUNTY NICOMICO			AS NO E	TOO. STREET	et and number les Stre		
4. FATHER'S NAME FI	rst rge	Middle Goo	lost lwin	1S. MOTHER'S MAI	DEN NAME First		Middle		lost
16a. WAS DECEASED EVER I Yes, no, or unknown)		PRCES? 16b. SOCIA		17. INFORMANT Mrs. Mar		dwin	515Adwai	les St	
	IMMEDIATE CAI	USE (a) Emphy DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONTRIBUTING TO DI CINOMA OF THE TOTAL O	QUENCE OF QUENCE OF EATH BUT NOT RELATE the right	D TO THE TERMINAL	DISEASE OR CONE	DITION GIVEN II	N PART I(a) VO	lvulus	mset and death wand rtiffying
210. ACCIDENT WAS I	AUSE OF DEATH cal examiner) D 21e. PLACE	21b, TIME OF INJURY HOUR A.M. Month P.M. OF INJURY (AT HOME, FA OFFICE BUILD	Day Year 19 RM, STREET, FACTORY, 1 21	YES		CAUSES Of ture of injury in City or	in Part 1 or Part 2,	Item 18.) County	State
While at wark 220. I certify the saw the dec causes stote 22b. SIGMATIRE 22d. PHYSICIAN'S NAME (Type)	tXO) (this has eosed alive of d above, (X	spital) attended the november (we) (did) (MDCK)	view the body aft	per death. ATTENDING PHYS. 22e. ADDRE	MED. DIREC	TOR S	STAFF 22c.	DATE SIGNED 1/12/68 Maryland	
3a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE		NAME OF CEMETERY		23	3d. LOCATION	(City or Town)	(County)	(State)
4. FUNERAL DIRECTOR 7	mesto	Euellaer	ADDRESS alisbury	2	SO REC'D BY REDATE NOV	GISTRAR	2Sb. REGISTRAR'S	SIGNATURE	,

TO SALE TO COMPANY MATERIAL MATERIAL SERVICES OF THE SAME OF THE SALE OF THE S AGE TO THE PARTY OF THE PARTY O Lefting ments heat street wrighted 12/38 Lyer's head they wood was a standary,

Wicomico Memorial

2o. DATE OF DEATH

2b. HOUR

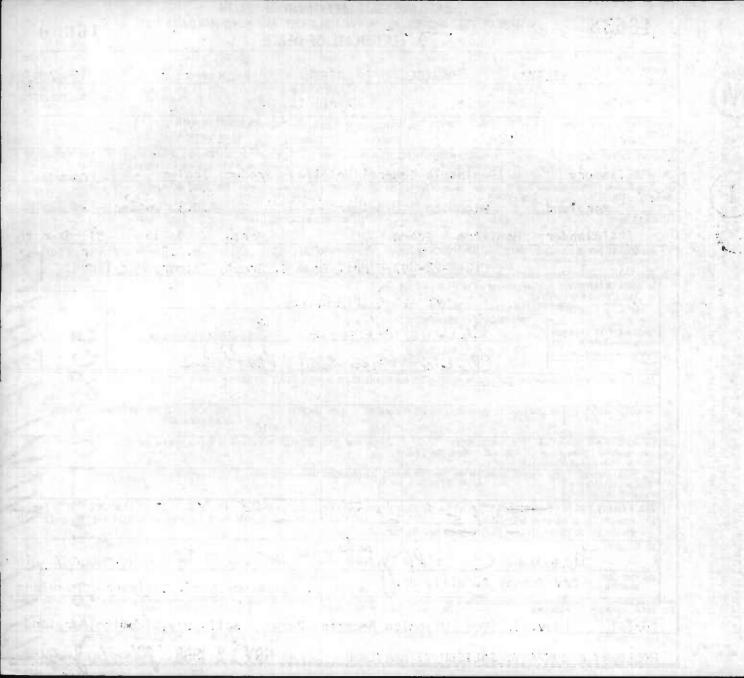
1		16638	DIVISIO	N OF VITAL RECORDS,		STON STREET,	
h. 2		ECEASED-NAME Firs		Middle		Lost	20. D
leat leat	(1	Ype or print) RII	LEY	DANIEL		GREEN	
a 154 a	3. SE		4. RACE			DATE OF BIRTH	
F 12 35		Ma 1e	100	White	A	pril 12,	1899
rithin 24 hours if filled in by the property of papers. Provithin 72 hours	7o. l	BIRTHPLACE (Stote or foreign		OF WHAT COUNTRY?	8. MARRIED X	NEVER MARRIED	9. COUN
n 24 h		Maryland	U	SA	WIDOWED	DIVORCED [
filled pape thin 72	10. (ITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR IN: give street oddress)	STITUTION (If not		20. USUAL OCCUP uring most of wo
# 25.380		Salisbury		Peninsula Ge		ospital	Produc
moletely with with with with with with with with		USUAL RESIDENCE (Where decedission) STATE	osed lived, if 13b. COI	JNTY	13c. CITY OR TO	DWN 13d. INS	NO NO
ecut		Maryland	<u> </u>	Wicomico	De 1ma	r	
ex rem rem	14. 1	FATHER'S NAME First		ddle Lost		MOTHER'S MAIDEN	
an can can can direct	140	Alexander WAS DECEASED EVER IN U.S. AR		milton Gree		ORMANT Wife	Verma
rtificate be ex physician and en please rem oval, and in an		'es, no, or unknown) (If yes give	wor or dates of sec	213-22-89			•
ph ph nen novor		NO SAUGE OF PEATH (SAUGE	-1			• Emma G	. Green
ding rem		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	Con	0 0.	10110	
dea trent rmit , ar		1197V IMMED	IATE CAUSE (o	,	Juces	novaro	
the at the time		Conditions, if ony, which gove	DOF I	O, OR AS A CONSEQUENCE OF	Dest		Zuic
y th y th insili		rise to immediate couse (o),	C DUE T	O, OR AS A CONSEQUENCE OF	0031	u cour	, chy
equires that the death certificate be exe physician. signed by the attending physician and burial-transit permit. Then please rem burial, crematian, ar removal, and in any		stoting the underlying couse lost.)	d Chapmie	Brou	duial	Ceste
quire phys igne igne uria		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO 1	THE TERMINAL DISE	ASE OR CONDITION
ng F en s en s tab	z	5271					
The law re attending has been se as the the priar ta	CERTIFICATION	190. DATE OF OPERATION 198	. CONDITION F	OR WHICH OPERATION WAS PE	RFORMED	20o. AUTOPSY?	
The raffe base of use of ulth p	E E					YES	NO 🔀
SICIAN: aspital ar certificate hed far us		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE		TIME OF INJURY R A.M. Month Doy Yeor		INJURY OCCURRE	D (Enter noture
Pit Fill Fill Fill Fill Fill Fill Fill Fi	MEDICAL	(If either, notify medical exam	niner)	P.M. 1	9		
by the haspital ar attending by the haspital ar attending fiter this certificate has been be detached far use as the State Dept. af Health priar ta	×	21d. INJURY OCCURRED 21d While Not while	e. PLACE OF IN	JURY (AT HOME, FARM, STREET, FA	CTORY.) 21f. LOCA	ATION Street or R	I.F.D. No.
the det		at work of work					10/2/
IDING I by t After I be c		220. I certify that (I) (* saw the deceased	niashocpita	attended the deceos	ed from	that in (my) (., 1958, t
ATTEND stained TOR: A shauld ith the		causes stoted obov	/e, (I) (and)	(did) (did not) view the	body ofter de	ath.	ba-j opinion de
R ATTENI retained ECTOR: A 3 shauld with the		22b. SIGNATURE		D 11 01	10 ml	ATTENDING	MED.
OR ATTEN be retained DIRECTOR: ge 3 shauld led with the		Tuo	mos	G. 1400	DEGREE	PHYS.	DIRECTOR
may be RAL DIRI		22d. PHYSICIAN'S NAME (Type) Dr.	Thoma	s C. Hill, Jr	./	22e. ADDRESS	14 0 10
0		MANUE (14ho)			V		lisbury
Page 4 r D FUNER officertar,	230	BURIAL, CREMATION, 23b.	. DATE		CEMETERY OR CI		23d. l
5 5 5 V		REMOVAL (Specify) Burial No	ov. 8,	1968 Wicomi	co Memo	rial Par	k Sa

November Year 9687:45PM 6. AGE (In years lost birthdoy) 69 IF LINDER 1 YEAR IF UNDER 24 HRS. MONTHS HOURS COUNTY OF DEATH WICOMICO OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR st of working life, eyen if retired.)
oduce Dealer INDUSTRY Produce 13e. STREET AND NUMBER .D.3. Waller Road Middle Lost Della Bloodsworth. R.D. 3 Address Waller Road een, Delmar, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? noture of injury in Port 1 or Port 2, Item 18.] City or Town County Stote _, 1968, that (I) (We) last nion death occurred on the date and hour and from the 22c. DATE SIGNED STAFF PHYS. /1968 November oury Blvd., Salisbury, Maryland 23d. LOCATION (City or Town) (County) Salisbury, Wicomico, Maryland
REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR

VR A15 (4) 30M REV. 1/68

24. FUNERAL DIRECTOR

HOLLOWAY & COMPANY, SALISBURY, MARYLAND



rtiment of

O DEPUTY DICAL EXAMINER: This certificate shauld be executed within 24 haurs effer death the processary, please execute the certificate, writing the word "pending" in pencil in Item 78. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Demo

Health prior ta burial, crematian, ar remaval, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

-40	63	47%	5	_
- 1	50.	6.	b .	- 0
3	C B	4.7	. 1	

1663	DIVISION				ON STREET, BALTI CERTIFICATE			1
ECEASED-NAME Type or Print)	First	ON	ALFF	Middle RED	HARMON		2a. DATE KNOWN OF ESTI- DEATH MATED	Manth
FX	4 RACE	S DATE (F RIRTH	6. AGE (In veg	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2c DATE PRONOLINCED	DEAD

(1	ype ar Print)	CLINT	DN	ALFRE	ED	HARMO	ON		OF ESTI- DEATH MATED		1-17-	-68	3:15
3. SE		4. RACE	S. DATE OF BIR		6. AGE (In ye	ears IF UNDER	YEAR IF UN	DER 24 HRS.	2c. DATE PRONOUN	ICED DEAD	V		2d. HOUR
	Male	AA	9-21	-41	lost birthdo 27	YRS.			Manth 11	Day	17 100	1960	3:15
70. E	IRTHPLACE (Stat	e or foreign 7	. CITIZEN OF WH	IAT COUNTRY?	8.	MARRIED NE	VER MARRIED	9. CO L	INTY OF DEATH	10.49		100	7710
caun	IN SALS	bury	U.S.	A		WIDOWED [DIVORCED		Wicomi	co			M
10. C	TY OR TOWN O		11. N	AME OF HOSPIT	AL OR INSTITU	TION (If not in I	aspital 120	. USUAL O	CCUPATION (Kind of	wark dane	12b. KINI	D OF BUSI	INESS OR
В.		isbury							f warking life, ever	if refired.	servi	ice	sta.
	USUAL RESIDEN Imissian) STATI	ICE (Where decease	d lived, if institu	utian: Residence	e befare 13c.	CITY OR TOWN		CITY LIMITS?	13e. STREET AND N				115
		Mus	1			alisbu			Jers	ey R	oad		
14. F	ATHER'S NAME	Chinta	Middle	444	Last	15. MOTHE	R'S MAIDEN NA	ME First		Middle	-10-	Last	
		VER IN U.S. ARMED FO	RCES?	16b. SOCIAL SE	CURITY NO.	17. INFORMAL	VI2/	/	ADÍ	RESS/	July J	/	,
()	es, na, ar unkna	wn) (Il yes give wi	or or dates of service)	22.2		4	herle	U ST	LEMUN	feli	The Pros	Eury	1 mil
	18. CAUSE O	F DEATH (Enter anly	ane cause per li	ine far (a), (b),	and (c).)		1	/				PPROXIMATE WEEN ONSET	
	PART I. I	DEATH WAS CAUSED	BY: E CAUSE (a)	Fract	ure o	of cerv	vical	spin	е			sudd	
	819.	0		AS A CONSEQU	ENCE OF	Harris .	494-1		V. Strand	XIII-		100	
501		any, which gave	(b)										
		diate cause (a),		AS A CONSEQU	ENCE OF							4	
	last.)	(e)										
	PART 2. OTHER	,	IONS CONTRIBUT	ING TO DEATH	BUT NOT RELA	TED TO THE TERM	MINAL DISEASE (OR CONDITIO	ON GIVEN IN PART 1	(a)			
NO.	19a. DATE OF C			19b. CONDITIO	N FOR WHICH	OPERATION					120	AUTOPSY	12
FICA				WAS PER		OT ENTITION						YES 🗀	NO X
CERTIFICATION	21a. EXTERNAL	CAUSE WAS	21b. TIME OF	INJURY Manth,	Day, Year	21c. HOW INJ	URY OCCURRED	(Enter natu	re af injury in Part	1 or Port 2	Item 181	100	No RE
MEDICAL	PRIMARY CAUSE OF DEA	OR CONTRIBUTING		M 11-1		Driver	r of a	uto	involve	d in	l ve	ehic	le
MED	21d. INJURY O	CURRED 21e. PL	ACE OF INJURY (At hame, farm,		21f. LOCATION	Street ar R.F.D.	Na.	City ar Tawn		Caunty		State
	AT WORK	OT WHILE TO factor	ary, affice buildin	g, etc.)		Jerse	ey Roa	d, S	alisbur	y, W	icomi	ico,	Md.
		certify that I ta		he remains o	lescribed at		_ ·			Inquiry			y apinian
		esulted from:						icide	Undetermine		Department of the last of the		,
		60	1 /			,		CAL EXAMIN					
	ACTUAL SIGNATURE	land	my	72		1 M			AMINER	22b. DA	TE SIGNED		
	EVAMINED'S	Earl L.					DEPUTY MEI	DICAL EXAM	INER X	Nov	. 19	. 19	68
3	NAME (Type)	409 Cam	den Av	e S Sa	alisbu	ary, Mo	d .ADDRESS(St	reet, city, to	iwn, ar caunty)	1-17	11-14		
23a.	BURIAL CREMA	TION, 23b. D	DATE	23c. N	AME OF CEME	TERY OR CREMAT	ORY	23d.	LOCATION (City ar	Tawn)	(Caunty)	(\$1	tale)
	BURIAL CREMA REMOVAL (Spec	ial 11-	23-68	3 The	ad-of-	The Cre	ek		Quant	es 4	Wico	m	L.
24.	FUNERAL DIRECT	OR			ADDRESS		25a P	EC'D BY RE		REGISTRAR	S SIGNATUR	₹E	
٤	olley	Funera	1 Home	, Sali	sbur	y, Md.	DATE	ANA "	4 136g	1 the	74 Card 1	for the party	New Sand

VR A15ME (5)

5 may be retained far your files.

TO DEPUTY

The state of the s Aug Comment continued with a latter of the continue of the latter of . The property and Labor, Monday, Manager, J. L. The second of th A TANK OF THE RESERVENCE OF THE PARTY OF THE the man with the termination of the state of would name and come, sell come of all the sellent

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16652 6638 CERTIFICATE OF DEATH 2b. HOUR 1. DECEASED-NAME 2a. DATE OF DEATH death. funeral (Type or print) OVEMBER 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthdoy) 1894 October 5, 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) Wicomico Maryland USA WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Peninsula General Hosp. during most of rking life, even if retired.) Salisbury 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland 13b. COUNTY Wicomico Salisbury R.D.6, Harford Road and in any 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Lost Middle Last Hastings Wilson Katie John Address Harford Road 17. INFORMANT (Wife) 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes po ar unknown) Agnes G. Hastings, Salisbury, Maryland signed by the attending phy APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: burial, crematian, ar IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) the Health priar to 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING OS CAUSES OF DEATH? YES [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (1) this haspital attended the deceased fram saw the deceased affive on 19 and to 1968 ta and that in (my Kaur) ppinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death.

ATTENDING PHYS.

22e. ADDRESS

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

Parsons Cemetery

O FUNERAL DIRECTOR: After this certificate has been directar, VR A15 (4) 30M REV. 1/68

22b, SIGNATUR

22d. PHYSICIAN'S

23a. BURIAL, CREMATION

24. FUNERAL DIRECTOR

NAME (Type)

23b. DATE

executed within 24 haurs after death

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

be retained

physician and campletely filled

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

14,1968

2Sa. REC'D BY REGISTRAR 1968

STAFF PHYS.

MED. DIRECTOR

2Sb. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

Salisbury, Wicomico, Maryland

Restriction of the Committee of the Comm

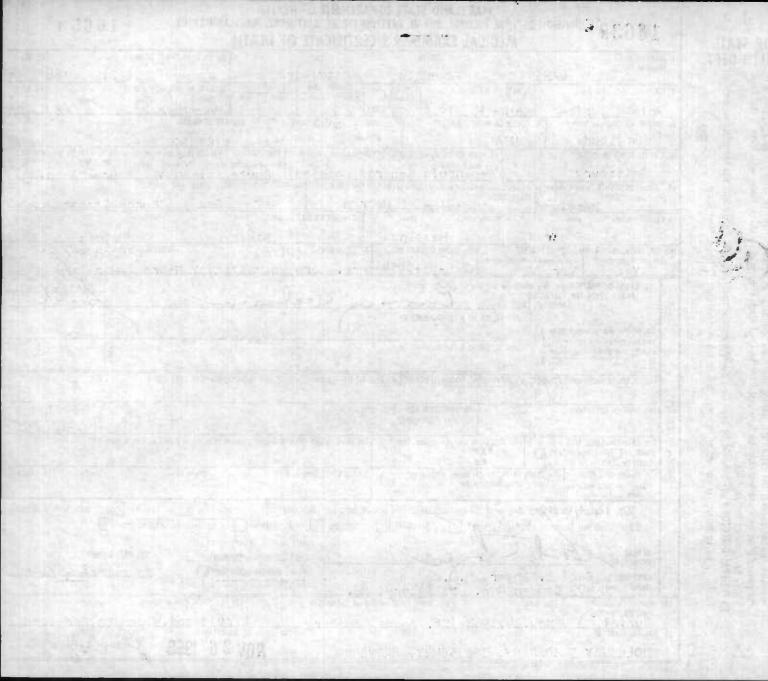
TO DEPUTY

16639

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Id be used as a buriol-transit permit. File pages Jond 2 with the State Department of or removal, and in any event within 72 hours offer death.									
H DEPT.	Comparison Com	Month Doy	Yeor 2b. HOUR						
Company Comp	NGS		11/21	1968 M					
ent	3. SE	X 4. RACE	S. DATE O		years IF UNDER 1 YEAR	IF UNOER 24 HRS.			2d. HOUR
Tt III		Male Whi	te July			HOURS MAN.		Doy Ye	or 1968 M
be retained for your files. RAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Department of prior to burial, cremation, or removal, and in any event within 72 hours offer death.	70. B	IRTHPLACE (State or fore			MARRIED NEVER	WARRIED 9. CO		712500000	
	count	Maryland	USA	4	WIDOWED D	IVORCED 🔲	WICOMICO		Md.
Stot	10. (TY OR TOWN OF DEATH					OCCUPATION (Kind of wo		ND OF BUSINESS OR
80 m	M			Peninsula Gen	eral Hospi	tal Rout			Cleaning
等于	130.	USUAL RESIDENCE (Whe	re deceosed lived, if	institution: Residence before 13	C. CITY OR TOWN	13d. INSIDE CITY LIMITS?		BER	
de de	00	lmission) STATE Mar			Hebron	YES NO	Box 3, Ch	urch Str	eet
iter /	14. F				15. MOTHER'S A	MAIDEN NAME Fire			Lost
S of S		Ε	dgar	Hasting	s	Mab1	e	Hayma	n
age		WAS DECEASED EVER IN U.S	S. ARMED FORCES?	16b. SOCIAL SECURITY NO.				SS Church	Street
2 h	(1)			219-03-001	4 Mrs. Car	rolyn Has			land
X iii ii				per line for (o) (b), ond (c).)		0			WEEN ON THE THE THE
mit with		PART I. DEATH W.		Com	oun Oc	cluse	~	6	melden
me be		4109			7				
inet insit eve)	0		Organica III		GOLDINA.
I-tro				O, OR AS A CONSEQUENCE OF		eta di			
in or in		lost.) (()					
o b		PART 2. OTHER SIGNIFICA	ANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINA	L DISEASE OR CONDIT	ION GIVEN IN PART 1(0)		
os ol, o	z	4201			The second				
sed	AT10	190. DATE OF OPERATIO	N		ICH OPERATION			2	0. AUTOPSY?
o ne d	TIFIC			WAS PERFORMED!					YES NO
					21c. HOW INJURY	OCCURRED (Enter no	ture of injury in Port 1 o	or Port 2, Item 18.)	
es. shou	DICA	CAUSE OF DEATH		P.M. 19					
	ME				21f. LOCATION Stre	eet or R.F.D. No.	City or Town	Coun	ty Stote
you oge cre		AT WORK AT WORK							
R. Far		22o. I certify	that I took charge	e af the remoins described	obove, held an Au	utopsy, I	nspection X, In	quiry X,	and in my opinion
- P		deoth resulted	from: Natural	coups , Accident	, Suicide	, Hamicide [, Undetermined	monner	
toin to to			601	7		CHIEF MEDICAL EXAM	INER		
AL AL C			ton -	man	- M. U.		VAMILIATY	22b. DATE SIGNED	
y by		EXAMINER'S Eas	r1 L. Roye	er, M.A.				November	23/1968
E e e e e e e e e e e e e e e e e e e e		NAME (Type) 40	9 Camden A	ve., Salisbur	Y MU a				
= ~ 0 ±	230.	BURIAL, CREMATION,	23b. DATE	23c. NAME OF CE	METERY OR CREMATORY			1000	
		Burial	Nov. 24,	1968 St. John	s Cemetery				
10 115151515	24.			ADDRESS					
VK ATOME (5)		HOLLOWAY	& COMPANY,	, SALISBURY, M	ARYLAND	DATE NUV	40 1300	1	10
s moy TO FUNE Health	1	BURIAL, CREMATION, REMOVAL (Specify) Burial	9 Camden A 23b. DATE	Ave., Salisbury 23c. NAME OF CE	y, Md. METERY OR CREMATORY	ADDRESS(Street, city,	fawn, or county) Id. LOCATION (City or Town Fruitland, W	wn) (Count	y) Mary



16640

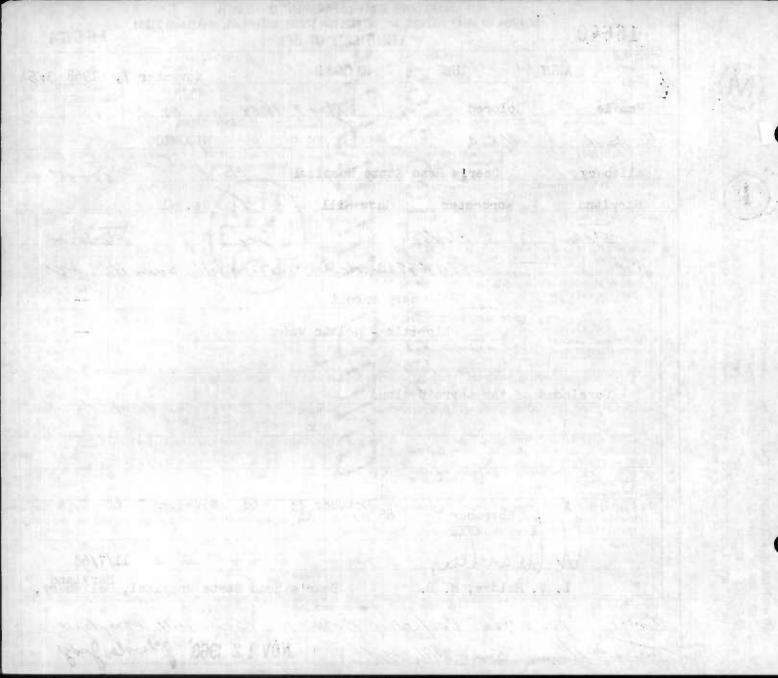
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

9	6	0	pos	
_R,	U	U	0	9

eoth.	1. DECEASED-NAME (Type ar print)	First ANDY	Middle	Last HAYWAR		a. DATE OF DEATH Month Do	v. 1968	2b. HOUR
A E	3. SEX	4. RA	ALCOHOLD AND A		OF BIRTH	November 7 6. AGE (In years last birthday)		3:05 A M IF UNDER 24 HRS. NOURS MIN
vers. Pag	7o. BIRTHPLACE (State country)	ar foreign 7b. CITIZ	olored EN OF WHAT COUNTRY?	8. MARRIED NEVER	MARRIED 9. CC	DUNTY OF DEATH WICOMICO		M
within 91	10. CITY OR JOWN OF Salisbu	ry	11. NAME OF HOSPITAL OR IN: give street address) Deer s Head	State Hosp	ital during most of	CUPATION (Kind of work dane warking life, even if retired.)	12b. KIND OF BI INDUSTRY	
s event	admission) STATE Mary 1:	and $\sqrt{}$	if institution: Kesidence before COUNTY Worcester	Snow Hill		13e. STREET AND NUMBER Rt. #1		
din c	14. FATHER'S NAME 160. WAS DECEASED E	First VER IN U.S. ARMED FORCE (If yes give war or dates a	sanural	NO. 17. INFORMAN		Middle C	dahuse	Last
it. Then proved	1B. CAUSE OF D		use per line for (a), (b), and (c).		ur a. Hay	word, Snow	APPROXIMA	ATE INTERVAL SET AND OEATH
burial tronsit perm burial, cremotion, o	Conditions, if an rise to immedia stating the und	DUE γ, which gave) ate cause (a),	TO, OR AS A CONSEQUENCE OF	is - pelvi	c veins			
as the burial prior to burial		arcinoma of	(c)CONTRIBUTING TO DEATH BUT NO the thyroid g	land				
for use as the Health prior to	E E			YE	AUTOPSY?	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?		TIFYING
of He	S OR CONTRIBUTING	CAUSE OF DEATH HC	o. TIME OF INJURY PUR A.M. Month Day Yeor P.M. 19			re of injury in Part 1 ar Part 2,		
e Dep	While Nat w	ark	INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	300		City or Town	County	State
0	220. 1 certify saw the couses s	that (X (this haspi deceased alive an tates allove, D (w	tal) ottended the decease November 7 e) (did) (MXXX) view the	ed from Octobe 9 <u>68</u> , and that in bady after death.	1 (M)) (our) apinion	, ta November 7 19 death occurred on the do	that the ond hour ar	(we) last
	22b. SIGNATURE	Wille	alille,	DEGREE PHY		CTAFF	DATE SIGNED	
should be filed	22d. PHYSICIAN'S NAME (Type	L. V. M	aldve, M. D.	De		State Hospital,	Marylar Salisbu	iry,
0 1	23a. BURIAL, CREMATION PEMOVAL (Specify	Nov. 9.	1968 Coolsp	cing Met	4. 5	LOCATION (City or Town)	(Caunty)	(State)
115 (4)	24. FUNERAL DIRECTOR	Film	Snow Holle	md.	DANOV 1 2	2 1968 25b. REGISTRAR'S	SIGNATURE	A

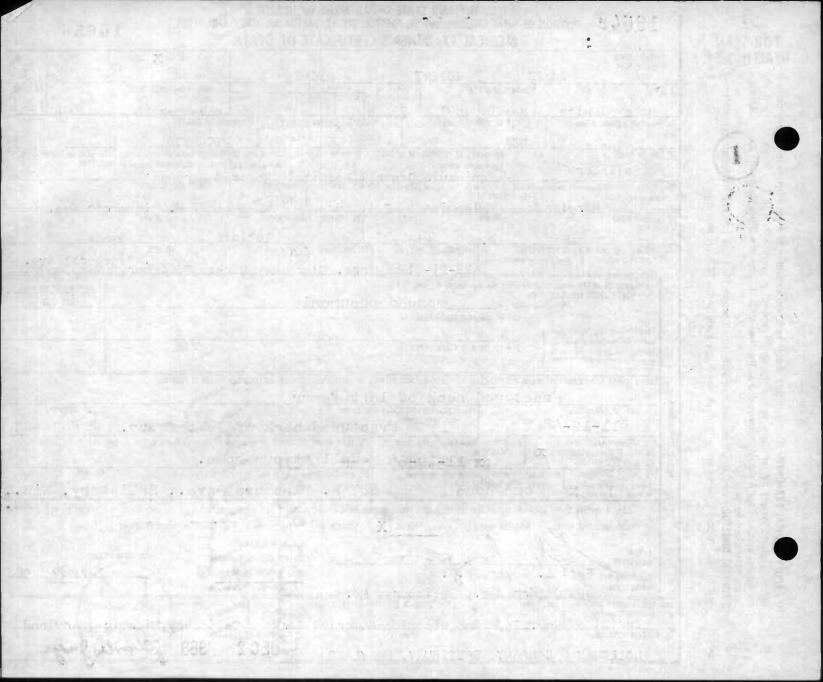


Solisbusy Penigrals General Solpital Vaudaling 25-4 (12-4) 808 7 S 704 - 1 (12-12) 2 (12-12)

VR A15ME (5)

10010	MARYLAND STATE DEPARTMENT OF HEALTH
16642	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			1441	TOICHE LAMI	ABBRAPH	2 CEIVI	IIICAIL	OI DE				
	CEASED-NAME	Fir	st	Mic	ddle		Lost				Doy Yeor	2b. HOUR
11	ype or Print)	JAN	MES	ROBEI	RT		HICK			OF ESTI- DEATH MATED 11/2	4 1968	1:30 M
3. SE	X	4. RACE	S. DATE	OF BIRTH	6. AGE	(In years IF MON	UNDER 1 YEAR THS DAYS	IF UNDER	24 HRS MIN.	2c. DATE PRONOUNCED DEAD	V	2d. HOUR
100	Male	White	May	4. 1891	7	7 YRS.	no DATE	HOUKS	Burn.	Month Doy November 24	Yeor 1968	1:30 M
	IRTHPLACE (Sto		7b. CITIZEN	OF WHAT COUNTRY?	8	MARRIED	NEVER M	ARRIED	9. COI	UNTY OF DEATH		
count		Illnois USA WIDOWED DIVORCED WICOMICO Md. OR TOWN OF DEATH Salisbury II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital life, even if retired.) Peninsula General Hospital Retired Merchant Jak RESIDENCE (Where deceosed lived, if institution: Residence before list. CITY OR TOWN Sison) STATE Maryland WICOMICO Md. WICOMICO Md. WICOMICO Md. WICOMICO WICOMICO Jak SIREET AND NUMBER WES NO 607 N. Pinehurst Ave. DECEASED EVER IN U.S. ARMED FORCES? 106b. SOCIAL SECURITY NO. 17. INFORMANT (Wife) ADDRESS OF TOWN OF DEATH WICOMICO Md. WICOMICO MIDUSTRY WES NO 607 N. Pinehurst Ave. DECEASED EVER IN U.S. ARMED FORCES? 106b. SOCIAL SECURITY NO. 17. INFORMANT (Wife) ADDRESS OF TOWN OF DEATH WICOMICO Md. Middle WICOMICO Md. WICOMICO MDUSTRY WES NO 607 N. Pinehurst Ave. OF ADDRESS OF T. N. Pinehurst Ave.										
10. C	TY OR TOWN C	OF DEATH		11. NAME OF HOSPIT	AL OR INS	TITUTION (If n	ot in hospito					NESS OR
	Sali	sbury		Peninsul	a Ger	neral H	losni t	a 1 Re	most o	red Merchant	NDUSTRY	
			osed lived, if	institution: Residence	e before	13c. CITY OR T	OWN			13e. STREET AND NUMBER		
00	IMISSION) STAT	Marylar	13b. CO	Wicomic		Salish	urv	YES	NO 🗆	607 N. Pinehu	rst Ave.	
14. F	ATHER'S NAME					15.	MOTHER'S MA	IDEN NAME	First	Middle		-4-11
		James								ia O we	ens	
					CURITY NO). 17, INI	ORMANT (Wife)		607 N Pin	oburct A	1110
	No	(11) (11) (12)		322-01	-0158	3 Mrs	. Cla	ra Ma	y Hi	cks, Salisbury	Marylan	id.
30				e per line for (o), (b),	ond (c).)							
	PAKI I.	LEATH WAS CAUS	HATE CAUSE (Brc	nch	o pne	moni	a		CONTRACTOR OF THE PARTY OF THE	day	3
	485	X		TO, OR AS A CONSEQU	JENCE OF							
		ony, which gove diote couse (o).		b)								
100	stoting the u	nderlying couse		TO, OR AS A CONSEQU	JENCE OF							
	lost.		,	c)								
	PART 2. OTHER	1/							CONDITI	ON GIVEN IN PART 1(o)		
NO	791		ractu	red neck				r			Lan Autonou	10
CERTIFICATION	190. DATE OF	1-12-68	2	19b. CONDITION WAS PER				1.	- 0	7 04 0	20. AUTOPSY	
ERTIF	21o. EXTERNAL			THE OF INITION H	D V	ract	rea	neck	OI	left femur.	YES 🗌	NO X
		OR CONTRIBUTING		IME OF INJURY Month, OUR A.M.						ure of injury in Port 1 or Port 2, Iter	n 18.)	
MEDICAL	CAUSE OF DEA 21d. INJURY O		DIACE OF IA	700 11-1		~	ell a			City or Town	County	Stote
-	WHILE AT WORK		octory office	JURY (At home, form, building, etc.)	, sileei,					t Ave., Salis	,	Wic.
		AL WORK CO.			1 9							300 =
15				e af the remains								y apinion
	death r	esulted fram:	Natura	Il causes ,	Accident	[X], Su						
	ACTUAL	1	1	/				IEF MEDICAL			ICHED	
1	SIGNATURE _	Fort	Davis	14						AMINER 22b. DATE SI	- 1	/10/0
	EXAMINER'S NAME (Type)			er, M.				PUTY MEDIC		own, or county)	mber 26	/1968
230	BURIAL CREMA	409 Ca	mden	Ave., Sal	Sbur	y. Md.	DEMATORY	DKE33(31166			County 15.	1-1-)
230.	REMOVAL (Spe	cify)									. "	tate)
24	Buri-	al INC	ov. 26	, 1968l Wi	ADDRES	o Memo	rial	Park	D BY RE	GISTRAR 256. REGISTRAR'S SI	Co. Mary 1	and
2.0								DATEDE	62	1968 Rolland	es Judge	2
	HEIL	UWAY & (JUMPAN.	Y. SALTSBI	JRY.	MARYIA	MII	UNITED	~ ~	1000	VA	-



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16643 DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR death. 10 and (Type or print) November FRANCIS WILLIAM 4 RACE S. DATE OF BIRTH IF LINOFR 1 YEAR IF UNDER 24 HRS 3. SEX 6. AGE (in years last birthday) MONTHS White May 16, 1901 Male 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED X NEVER MARRIED country New York USA Wicomico popers WIDOWED [DIVORCED | within 12o. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street oddress) Peninsula during mast af working life, even if retired.) INDUSTRY carbon Salisbury and completely General Hospital Engineer (Boiler event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER requires that the death certificate be executed odmission) STATE Maryland 13b. COUNTY Wicomico YES NO [Salisbury R.D.1, Upper Ferry Road remove and in ony Middle 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First Edward Alice lease Hiebendah1 16n. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Wife) R.D. Address Upper Ferry Road Yes no, or unknown) (If yes give war or dates of service) a 081-07-5864-A Mrs. Marie Hiebendahl, Salisbury, Maryland cremation, or removal, the offending parties of the 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) DUE TO, OR AS A/CONSEQUENCE OF signed by the burial-tronsit p burial, cremation Canditions, if any, which gave rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) DIRECTOR: After this certificate has been the ATTENDING PHYSICIAN: The low 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? detached for use of Dept. of Heolth p YES [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING TO CAUSE OF GEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at wark 16 , 1968, ta NOV 22a. I certify that (I) (this hospital) attended the deceased from and that _19 (as, and that in (my) (apinian death accurred an the date and havr and fram the saw the deceased alive anbe retoined causes stated abave, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING be filed DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S O FUNERAL NAME (Type) Pine director, Dr. Thomas C. Hill. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (County) Salisbury, Wicomico, Maryland Nov. 7,1968 Wicomico Memorial Park 25a, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) HOLLOWAY & COMPANY, SALISBURY, MARYLAND 30M REV. 1/68

n and 2 ar death.

cian and campletely filled in by

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physcian and campletely filled it director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers shauld be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and in any event, within 72

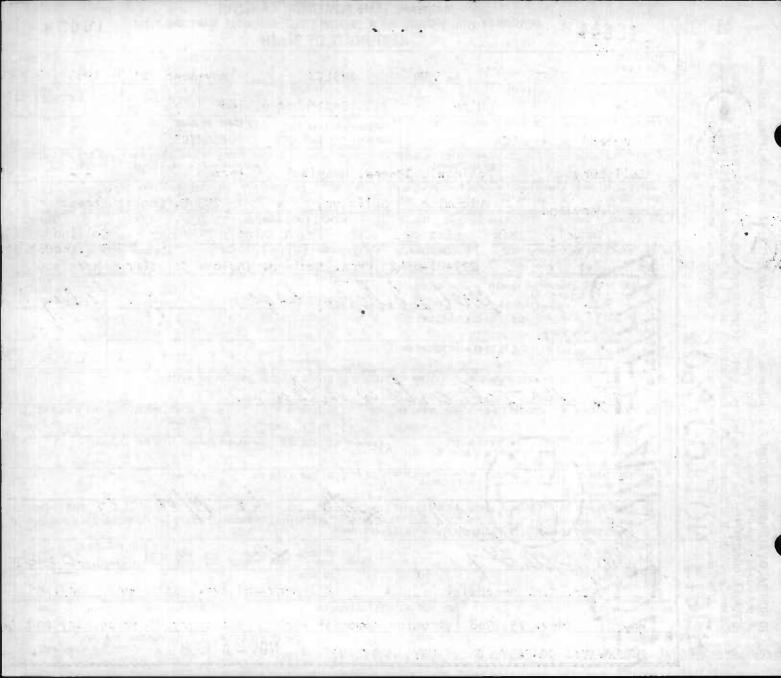
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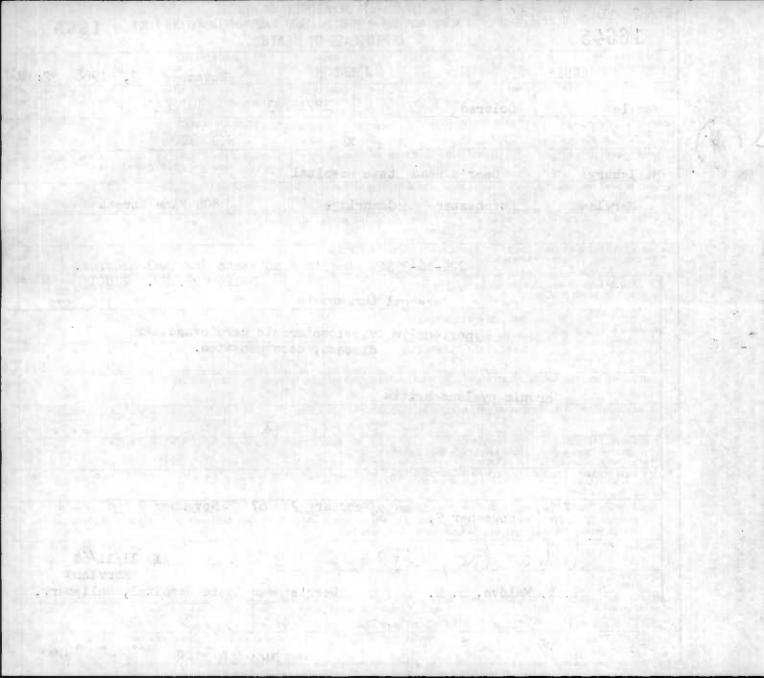
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert Page 4 may be retained by the haspital ar attending physician.

Secuted within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1664	DIVISION	OF VITAL RECORDS	CERTIFIC			MORE, MAR	RYLAND 2	1201	166	58	
1. DECEASED-NAME	First	Middle		Lost		2a. DATE OF				2b.	HOUR
(Type ar print)	JAMES	ARTHUR	1	NSLEY		Nove	Month	21 ^{Day}	1968	6	PA
3. SEX	4. RACE			S. DATE OF BI	RTH		6. AGE (In last_birthe	yeors	IF UNDER 1 YEAR		R 24 HRS.
Male		White		Septem	ber 6,	1889	last birtho	YRS.	MONTHS OAYS	HOURS	MIN
7o. BIRTHPLACE (Stote or country) Marylan	foreign 7b. CITIZEN C	OF WHAT COUNTRY?	8. MARRIED [NEVER MAR	RIED S	COUNTY OF WICON					Mo
10. CITY OR TOWN OF DE	AIM	11. NAME OF HOSPITAL OR IN give street address Peninsula G				OCCUPATION st of warking a termar			12b. KIND OF INDUSTRY	BUSINES	S OR
13o. USUAL RESIDENCE (Vodmission) STATE	Where deceosed lived, if in 13b. COUNTY 1 and	stitution: Residence before	13c. CITY OR Salis	bury	YES NO	13e. STI	REET AND NU	MBER ocust	Stree		
14. FATHER'S NAME	First Mid mue1 Hi>			MOTHER'S MA	Alexia			Middle	Colli	lost ns	
160. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY		NFORMANT (1	Address 2	203 E.L	ocus	t S
Yes, na, ar unknawn)	(If yes give war ar dates of servi	(*) 227-01-45			lie M.	Insley,	Sali		-		
18. CAUSE OF DEA	ATH (Enter anly ane cause)	per line for (o), (b), and (c			1					MATE INTER	RVAL
PART I. DEATH	I WAS CAUSED BY: IMMEDIATE CAUSE (a)	Reclula	Ville.	Mou	uage				100	23	
Canditians, if any,	DUE TO,	OR AS A CONSEQUENCE OF								/	
rise to immediate stoting the under last.	couse (o), (OR AS A CONSEQUENCE OF									
PART 2. OTHER SIG	NIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT I	NOT RELATED TO	THE TERMINA	L DISEASE OR CO	ONDITION GIVE	N IN PART 1(0)			
= 33/X9/1	related 2	ed and	cul	Act	ews	4					
19a. DATE OF OPERA	TION 196. CONDITION FO	R WHICH OPERATION WAS P	ERFORMED	20a. AUTO	PSY?		YES, WERE F OF DEATH?	INDINGS CO	ONSIDERED IN C	ERTIFYIN	IG
21a. ACCIDENT WA	CAUSE OF DEATH HOUR	P.M.	19		URRED (Enter	noture of inju	ry in Port 1	or Part 2, I	tem 18.)		
21d. INJURY OCCUI While Nat whi at wark at war		URY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY.) 21f. LO	CATION Street	et or R.F.D. Na.	City	or Town		County		State
saw the d	that (I) (this haspital) leceased alive an ated abave (I) (we) (6 113	19 6 Xano	that in (m leath.	y) (aur) apin	ian death	ccurred a	, 19_ n the dat	€ 7 , that te and haur	(I) (wand from	ve) las am the
226. SIGNATURE	/Seles	G,	DEGR	1 111 3.	DII	ED. RECTOR	STAFF PHYS.		oate signed ember	24	1968
22d PHYSICIAN'S NAME (Type)	Dr. E.M. Be	ardsley		22e. ADD 211	Marylai	nd Ave	, Sa1	isbur	y, Mar	y1ar	nd
23a. BURIAL, CREMATION REMOVAL (Specify)	, 23b. DATE Nov. 23,		CO Memo		Park	23d. LOCATIO	, ,		(County)	(Stot	,
24. FUNERAL DIRECTOR	11104. 2),	ADDRES		Ji I d I	2Sa. REC'D BY					y rai	10
	Y & COMPANY	, SALISBURY,	MARYL	AND	DATE NOV	25 19	968	Teller	res for	der.	





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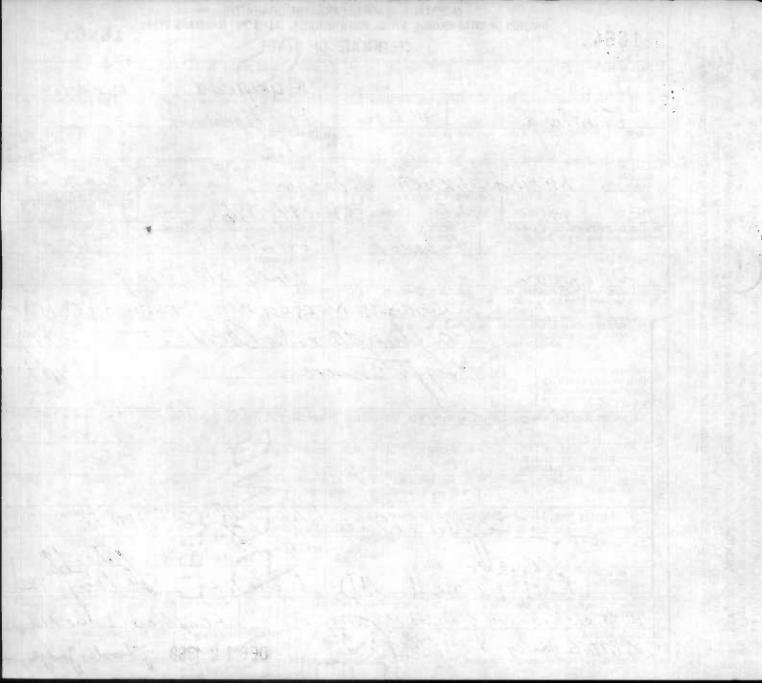
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7073	CERTIFICATE	OF DEATH		
1. PLACE OF DEATH o. COUNTY O. COM, CO	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceosed lived, if institution b. COUN	on: Residence before admission) TY Wicon, CO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest tawn)	c. LENGTH OF STAY IN 16 All Life	Fruitla	de corporate limits, write RUR.	
d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES YES NO
3. NAME OF First DECEASED (Type or print) MARTHA	Elizabeth Jol	NSON	DATE Month OF NOVE	M ber 30 1968
P Negro W	VIDOWED DIVORCED	B. DATE OF BIRTH MAR \$4, 189	9. AGE (In years lost birthdoy) 2 yrs.	Months Doys Hours Min.
10o. ÚSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & SI	Nd	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME UN KNOWN		14. MOTHER'S MAIDEN NAM	Shockle	4
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of sen	vice)	NFORMANT NOCER JOHNS	on S-Ruith	and P.O. Md.
1B. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (b), (b), ond (y)	mulale	ledent	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO DUE TO (b)	Legatons	in		1911
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Por	t I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19		CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that (I) (this hours as we the deceased alive on	attended the deceased from_	t deoth occurred at	to Some couses of	ind an the date stated obove
220. SIGNATORE	M.I		D. STAFF RECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	urnell, MD	· 652 W	noi Se	letary, my
230. BURIAL, CREMATION, REMOVAL (Specify) 12-7-6	8 Mt, CALVAR	10/	23d. LOCATION (City or Tov	1 wolco. Md.
24. FUNERAL DIRECTOR	Jorsey Harris Rt 42	2So. REC'D B		GISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.

rtificate be executed within 24 hours after death.

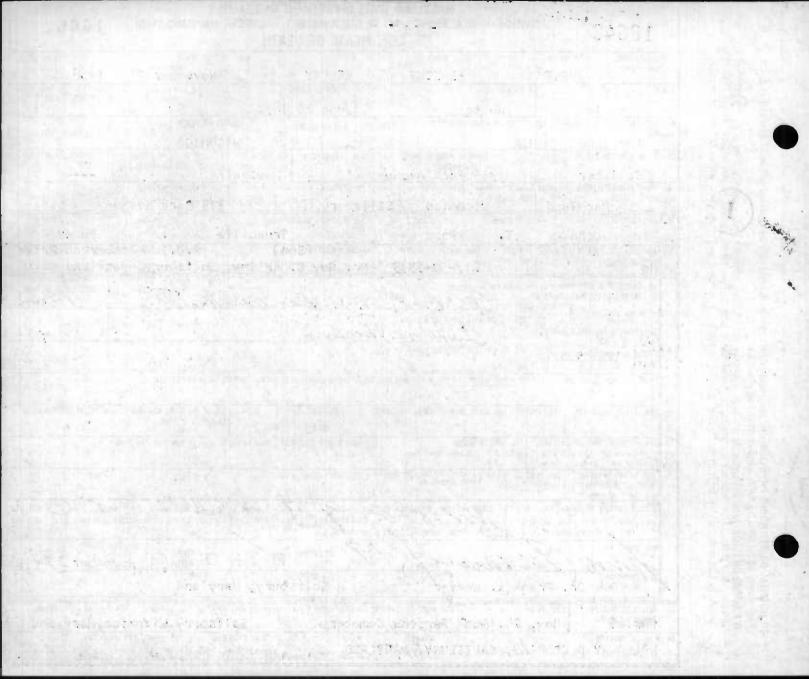
TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detoched for use os the buriol-tronsit permit. Then pleose remave corbon papers. Pages 1 and should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in ony event, within 72 hours after dea

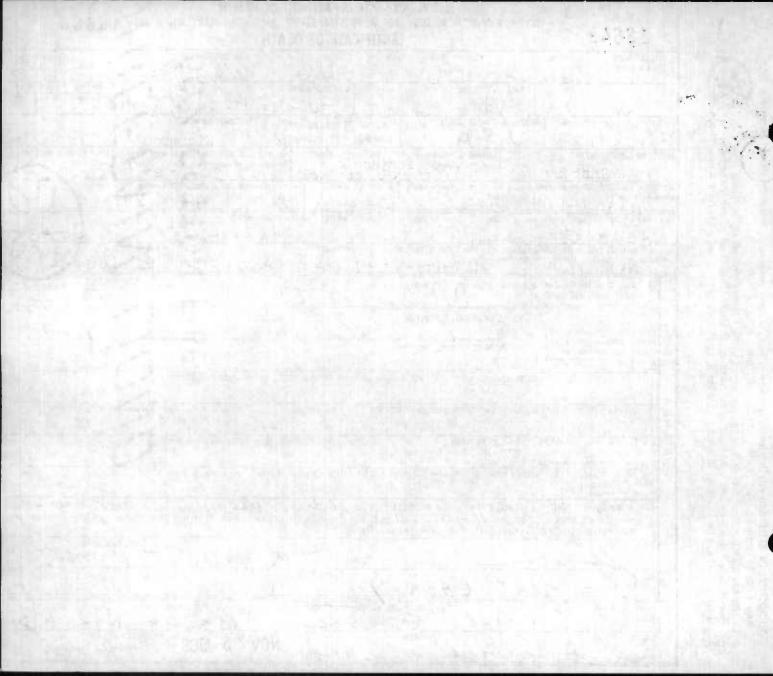


DIVISION OF VITAL RECORDS, 391 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16662

4	100	7	ć.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the traceral	- and	shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in say event, within 72 haurs atter death.
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician.	FUNE	rectal	auld
D P	0	0	2
	1	/R A	156

TOOME	,			CERTIF	ICATE OF	DEATH				
1. DECEASED-NAME	First		Middle	N.	Last		2a. DATE O			2b. HOUR
(Type ar print)	BERT	HA	BLANCHE		KELLEY	1	No	ovember 21	1968	M
3. SEX		4. RACE			S. DATE OF E	BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
Fema 1	е	Whi	te		June 2	20,1878	}	last birthday) 90 YRS		HOURS MIN.
7a. BIRTHPLACE (State	ar fareign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRI	ED NEVER MA	RRIED	9. COUNTY O	F DEATH		
(country) Maryla	nd	USA		WIDOW		ORCED 🗌	WICO	MICO		Md.
10. CITY OR TOWN OF		111. No	AME OF HOSPITAL OR IN	STITUTION (If nat in haspital		AL OCCUPATION	(Kind af wark dane		BUSINESS OR
Salish	oury	31	street address) 5 Park Ave			HOL	isewi te	g life, even if retired.)	INDUSTRY	
13a. USUAL RESIDENCE	(Where decease	sed lived, if institut	ian: Residence befare	13c. CITY	OR TOWN	13d. INSIDE CITY		TREET AND NUMBER		
admissian) STATE Ma	ryland	13b. COUNTY W	icomico	Sa1	isbury	YES N	31	Fark Ave	nue	
14. FATHER'S NAME	First	Middle	Last		15. MOTHER'S A			Middle		Last
	John	T.	Pope .				cilla	L.	Puse	,
16a. WAS DECEASED EV	ER IN U.S. AR	MED FORCES? var or dates of service)	16b. SOCIAL SECURITY		7. INFORMANT		- H - 1.	R.D. 5AddressP		
Yes, na, ar unknawn NO	, (you give .	var as addes of service)	217-54-537	73	Mr. Guy	C. Kel	ley, Sa	alisbury,		
			ne far (a), (b), and (c).	.}			1		APPROXI BETWEEN C	DNSET AND OEATH
PART I. DEA	TH WAS CAUSE	D BY: ATE CAUSE (a)	erebras	o v	asau	las a	and	w	/	Omin.
436,	9		AS A CONSEQUENCE OF							
Canditians, if any			arken	sce	eron				1	DMN.
rise ta immedia stating the unde		DUE TO, OR	S A CONSEQUENCE OF	1112						1
last.		(c)								
PART 2. OTHER S	IGNIFICANT CO	NDITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED	TO THE TERMIN	AL DISEASE OR	CONDITION GIV	EN IN PART 1(a)		
= 33/X										
19a. DATE OF OPER	ATION 19b.	CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	2Da. AUT YES		CALICE	F YES, WERE FINDINGS S OF DEATH?	CONSIDERED IN C	ERTIFYING
				210	. HOW INJURY O	CCURRED (Ente	er nature af inj	ury in Part 1 ar Part 2	, Item 18.)	
OR CONTRIBUTING			Manth Day Year							
₹ 21d. INJURY OCC While Nat w at wark at wo	URRED 21e.	PLACE OF INJURY	AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	CTORY.) 21f	LOCATION Str	eet ar R.F.D. No	a. Cit	y ar Tawn	Caunty	State
22a. I certify saw the causes s	that(1)(the deceased of tated above	is haspital) att live on (I) we (did)	ended the decease (did nat) view the	ed fram 900 body att	and that in (r er death.	ny) (aur) ap	inian death	accurred an the d	9 <u>68</u> , that late and haur	(I) (we) last and fram the
22b. SIGNATURE	11/	Ma	unt	N	EGREE PHYS.	ING PA	MED. DIRECTOR	STAFE 220	. DATE SIGNED	22/196
PHYSICIAN'S NAME (Type)	Dr. F	rank L.	Weaver		22e. AD Sa	DRESS lisbury	, Mary			
23a. BURIAL, CREMATIC		DATE	23c. NAME OF	CEMETERY	OR CREMATORY		23d. LOCAT	ION (City ar Tawn)	(Caunty)	(State)
BEMOVAL (Specify	No.	v. 24,19	68 Parsor	is Ce	metery		Salis	bury, Wicom	ico, Mar	yland
24. FUNERAL DIRECTOR		IPANY. SA	ADDRESS		AND		BY REGISTRAR	2Sb. REGISTRAR		dar.





16650

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

					.EKIIF	CALE OF	DEATH					
	ECEASED-NAME Type or print) ANN	First	ROCHE	Middle EFORT	1	Last		20. DATE OF	Month / Do		Yeor	2b. HOUR
3. S	emale	4.	RACE	e		S. DATE OF B June	IRTH 8 , 1 92	20	6. AGE (In years lost birthdoy) YRS.	IF UNDER		IF UNDER 24 HRS
cal	BIRTHPLACE (State or fore	d	ITIZEN OF WHAT USA		WIDOWE		RCED	9. COUNTY OF Wicc	mico			1
S	CITY OR TOWN OF DEATH		give stre	E OF HOSPITAL OR INS et oddress) insula	Gene	ral Ho	spita.	st of winking:	(Kind af wark done #ewinficetired.)	12b. INDL	KIND OF B JSTRY OT	usiness or vn hom
odm	USUAL RESIDENCE (When ission) STATE Mary	e deceosed live	ed, if institution b. COUNTY Wic	: Residence befare		sbury	13d INSIGE CITY LIV YES NO	1.001.011	REET AND NUMBER 17 Druid 1	Hill	Ave	
1		rles		lost lochefort		1S. MOTHER'S M		irst Y	Middle	Mac	ck	Last
160	Yes, no, or unknown)	U.S. ARMED FC (If yes give war or dat	(animar da and	66. SOCIAL SECURITY N		Joseph	A. Lan	ny see	sec. # 1	3		
	1B. CAUSE OF DEATH PART I. DEATH WA /830 Conditions, if any, whin rise to immediate coustaining the underlying last.	AS CAUSED BY: IMMEDIATE CAI ch gove) use (o),(USE (o) DUE TO, OR AS (for (o), (b), ond (c).	Pro Cac	hexia	a.	euster	docum			whs.
CERTIFICATION	PART 2. OTHER SIGNIFICATION 19a. DATE OF OPERATION			G TO DEATH BUT NO		20o. AUTO	PSY?	20b. IF	YES, WERE FINDINGS OF DEATH?	CONSIDER	ED IN CER	RTIFYING
MEDICAL CERTI	21a. ACCIDENT WAS UN OR CONTRIBUTING CAI (If either, natify medical 21d. INJURY OCCURRED While Not while	use of DEATH ol exominer)	P.M.	IJURY Month Doy Yeor 19 HOME, FARM, STREET, FACT FICE BUILDING, ETC.			CURRED (Enter		y in Port 1 or Port 2, or Tawn	Item 18.		Stote
		(I) (this ha	spital) attend	led the decease	d fram		19 6	5. to /	ccurred an the d	ate and	haur a	(I) (we) la nd fram th
	22d. PHYSICIAN'S NAME (Type)	du	W.J	U. Smi		GREE PHYS.	DI DI DI	ED. RECTOR	STAFF PHYS.	DATE SIG		38
23a.	BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/3/	1968	23c. NAME OF C	EMETERY O				N (City or Town) outh New		1.5	(Stote)
24.	FUNERAL DIRECTOR Hill Funera			ADDRESS Salisbu			2So. REC'D BY	Y REGISTRAR	2Sb. REGISTRAR	S SIGNATU	JRE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physi**tion** and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please emove carban papers. Page should be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72 hours a TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital or attending physician.

executed within 24 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

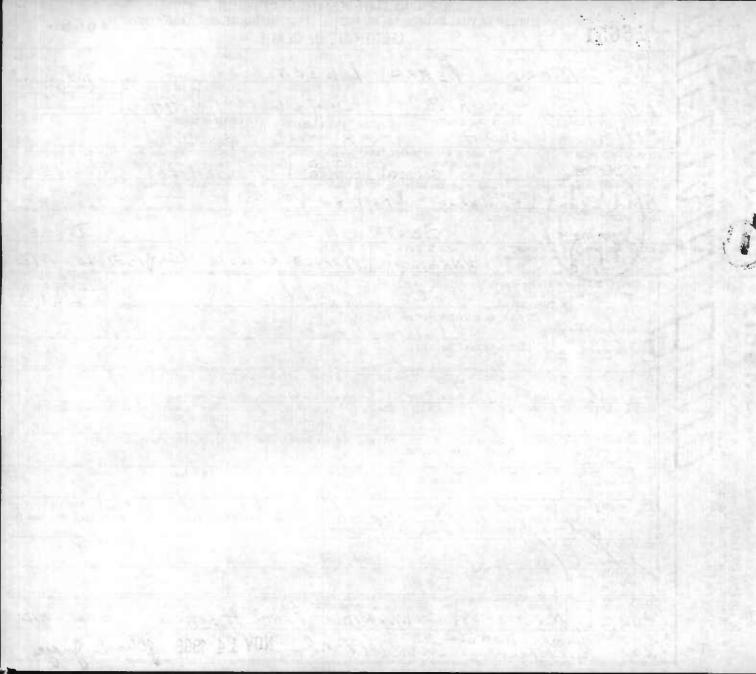
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16651. CERTIFICATE OF DEATH DECEASED-NAME 2b. HOUR First Last 2g. DATE OF DEATH executed within 24 hours after deoth (Type or print) Month WSON 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF LINDER 24 HRS last birthday) completely filled in by the ove corban popers. Pages DAYS HOURS MONTHS SEIST-16-89 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote ar fareign 8. MARRIED NEVER MARRIED country) WIDOWED 🔀 DIVORCED Wicomico within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Peninsula L Hospital during most af working life, even if retired.) corban give street oddress Salisbury OUSEHOLD event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY YES NO 13F1540 remove inony 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Sc077 E LISSA AMES ond 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) LAWSON. RISFIELD AROLD 4NKNOW. or removo e P TENDING PHYSICIAN: The law requires that the death certif APPROXIMATE INTERVAL ottending posternit. The 18. CAUSE OF DEATH (Enter only one couse per line far/b), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) cremation, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit Conditions, if any, which gove) rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse ottending physician burial PART 2. OTHER SAMIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED, TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO T use Health be retained by the hospitol or O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year Dept. of P.M. (If either, natify medical examiner) detoched (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Tawn County OFFICE BUILDING, ETC. While Not while at wark of wark 220. I certify that (I) (this hospital) ottended the deceosed from. ond that in (my) (our) opinion death accurred on the date and haur and fram the sow the deceased olive on couses stated abave, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATORE 22c. DATE SIGNED **ATTENDING** director, poge 3 should be filed v DEGREE DIRECTOR PHYS. PHYS. Page 4 moy k PHYSICIAN'S 22e. ADDRESS NAME (Type) BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) 23b_DATE (County) SUNNYRIDGE OBEWELL SOM MD

VR A15 (4) 30M REV, 1/68

FLINERAL DIRECTOR

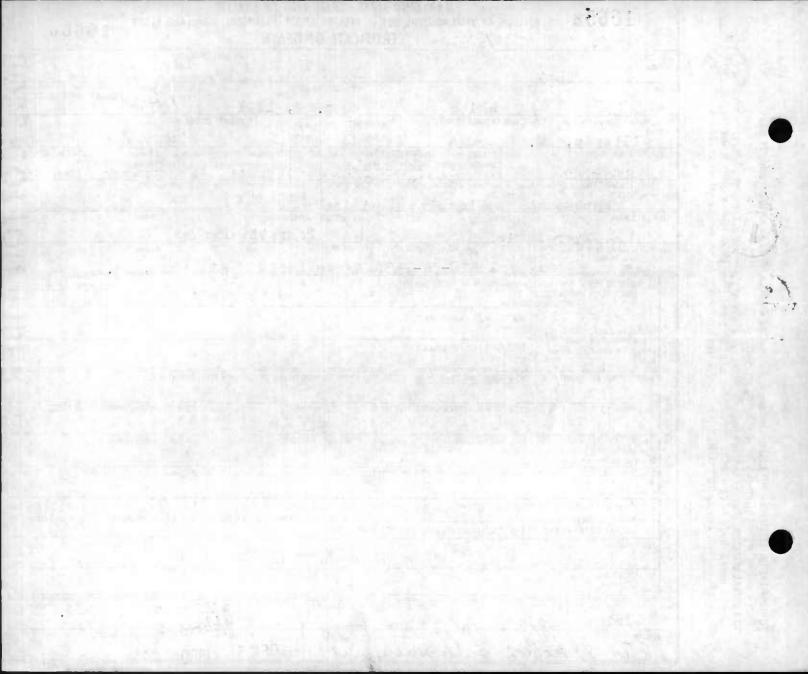
25b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16666 CERTIFICATE OF DEATH Item#6. FilmGL07 12/9 DECEASED-NAME Lost 20. DATE OF DEATH 2b. HOUR ecuted within 24 haurs after death (Type or print) Month EWIS Rav IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. lost birthday) MONTHS DAYS HOURS 1891 White MAL Dec. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED ban papers. within 72 ho Wicomico WIDOWED DIVORCED Willards 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) IN Farmer & Foultryman give street address) Peninsula **INDUSTRY** Salisbury Salisbury

Coneral Hospita

130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY NO X YES remave XX icomico Middle 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Lost Last Henretta Parker please Wer Lewis 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) The law requires that the death certific attending phys or remava APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF the Conditions, if any, which gave) burial-transit rise to immediate cause (o), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta l as the has been 19a. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗍 NO T of Health O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical exominer) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work at work ATTENDING 220. I certify that (I) (this hospital) ottended the deceased from _19@ Sand that in (my) (aur) apinion death occurred on the date and hour and from the saw the deceased alive on_ causes stated abave, (1) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS director, par NAME (Type) 23b. DATE 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR 30M REV. 168 DATE PEC 5



0 iny delay is

Stve Roges 1,

in pencil in Item 18.

"pending"

necessary, please execute the certificate, writing the ward

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH 16653 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

6667

	200	C) ea	MEDIC	AL EXAMINE	R'S CERTIFI	CATE O	F DEATH				
	ECEASED-NAME	Firs	it .	Middle		Lost		20. DATE KNOWN	Month C	Doy Year	2b. HOUR
(1	(ype ar Print)	ROY		JAMES	LE	WIS, SI	R.	OF ESTI- DEATH MATED	11/12	2 1968	3 M
3. SE	X	4. RACE	S. DATE OF BIR	I t-st	- fut lans		IF UNDER 24 HRS. HOURS MIN.	2c. DATE PRONOU		AT 12-11	2d. HOUR
	Male	White	Februar	y 20,19 7"	yRS. MONTHS	DATS F	nouks min.	Novembe	r 12	Yeor 1968	M
7o. §	BIRTHPLACE (Sto	te or foreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED X	NEVER MARRIE	D 9. CO	UNTY OF DEATH			
coun	^{iry)} Mary1	and	US		WIDOWED [DIVORCE	D	WICOMIC	0		Md.
10. C	Salis	bury	98e1s	AME OF HOSPITAL OR IN treet oddress) OS. Divis	ion Stre	et	durko most c	CCUPATION (Kind a of working life, eve ed Servi	ce Mgr IM	2b. KIND OF BUS NDUSTRY Scale	
13a.	USUAL RESIDEN dmission) STAT	ICE (Where deceo	nd 13b. COUNTY W	ition: Residence befare	Salisbu		S NO .	810 S.		Street	
14. F	ATHER'S NAME	First	Middle	Lost	IS. MOT	HER'S MAIDEN	NAME First		Middle	Last	t
130		Martin		Lewis			Carrie			Nible	
160.	WAS DECEASED E	VER IN U.S. ARMED	FORCES?	16b. SOCIAL SECURITY N		MANT (Wife	e)	AD	DRESS 810 S	S. Divis	sion St
	No No	WII) (II yes give	e war or dates of service)	220-01-951	9 Mrs.	Nelli	e F. Le	ewis, Sal	isbury,		
	18. CAUSE O	F DEATH (Enter or	nly one cause per li	ne for (a) (b), ond (c).)		0.0	-			APPROXIMATE BUWEEN ONGET	ANO OFATH
100	PAKI I.	DEATH WAS CAUSE IMMEDI	IATE CAUSE (a)	Core	my					and.	
	410	9		AS A CONSEQUENCE OF	5						
		ahy, which gave diate cause (a),	(b)				8,172				1000
13	stating the u	nderlying cause	DUE TO, OR	AS A CONSEQUENCE OF						1300	
15		C.O. C.	(c)		DELLATED VA						
N	420	SIGNIFICANT CON	DITIONS CONTRIBUTI	ING TO DEATH BUT NOT		RMINAL DISEA	ASE OR CONDITIO	ON GIVEN IN PART 1	(0)		
CERTIFICATION	19a. DATE OF	OPERATION		19b. CONDITION FOR W WAS PERFORMED?						20. AUTOPSY	NO ⊠
		OR CONTRIBUTING			21c. HOW	INJURY OCCUR	RED (Enter nati	ure af injury in Part	1 or Part 2, Item	n 18.)	
MEDICAL	21d. INJURY OF	CURRED 21e.	PLACE OF INJURY (At hame, farm, street,	21f. LOCATI	ON Street or R	.F.D. No.	City or Town		County	State
	AT WORK	AT WORK	actary, office buildin			(2.6P)					
				he remoins describe				spection X,	Inquiry X,	ond in m	ny opinion
	deoth re	esulted from:	Noturol cous	ses , Acciden	t 🔲, Suicid	е [], Н	omicide 🗌	, Undetermin	ed monner _		
	ACTUAL	1	0 - 1	/_			MEDICAL EXAMIN		001 8488		
100	SIGNATURE	/ CA-	Davies	W 0		M.D.	NT MEDICAL EX		22b. DATE SI	mber 14	/1060
	EXAMINER'S NAME (Type)		Royer,	, Salisbur	v. Md.		MEDICAL EXAM	INER X	Novel	mber 1/	/ 1900
230	BURIAL, CREMA		DATE		CEMETERY OR CREA			LOCATION (City or	Town) (Caunty) (S	itote)
200.	BUY 4 SP	eifu)	ov. 15,19		co Memor			alisbury,		.,	'
24.	FUNERAL DIREC	TOR		ADDRE	SS	25	a. REC'D BY RE	GISTRAR 2Sb	. REGISTRAR'S SIG	GNATURE	
1.0	HULLOW	AY & CON	MANY, SA	LISBURY, M	ARYLAND	DA	TE NOV 1	5 1968	Jelian	les Judy	ge

VR A15ME (5) 10M REV. 1/68

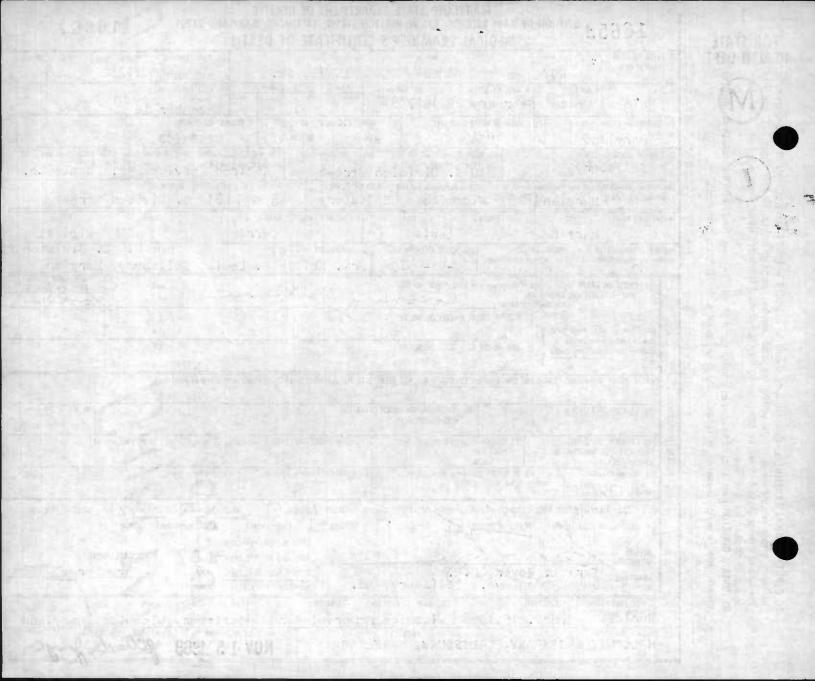
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5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Dep

Health prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office flang with farm

DICAL EXAMINER: This certificate should be executed within 24 hours after death



23c. NAME OF CEMETERY OR CREMATORY

TO FUNERAL DIRECTOR:

Adirector, page 3 shauld be filed with the

22d. PHYSICIAN'S

23a. BURIAL, CREMATION

24. FUNERAL DIRECTOR

REMOVAL (Specify)

NAME (Type) ALBERTA

23b. DATE

executed within 24 haurs after death

q

ATTENDING PHYSICIAN: The law requires that the death certificate

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

Nov. 30, 1968 Parsons Cemetery

25d. REC'D BY REGISTRAR
DATDEC 2 1968

23d. LOCATION (City or Town)

22e. ADDRESS

EGISTRAR'S SIGNATURE

Salisbury, Wicomico, Maryland

(County)

(State)

theresalized Carcingatorica, nationale 2003 Carrenance of bready allerte Matter Polen " " 125/27

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

÷	- 2 ÷			CEASED-NAME	First		Middle	164	Last	2a.	DATE OF DEATH	2b. HOUR
dea	and 2 death.		(1	ype ar print)	Dollie		Thomas		Lowe		11 Month 14 Do	Yeo 19682:20 M
- G	fur fer fer		3. SE			4. RACE		S	DATE OF BIRTH		6. AGE (In years	IE UNDER 1 YEAR IE UNDER 24 HRS.
s aft	in by the funeral			fema	le	whi	te	A	ugust 1;	1894	lost > thdoy)	MONTHS DAYS HOURS MIN
aur	36		70. B	IRTHPLACE (Sto	te or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. CO	UNTY OF DEATH	
4 h	papers papers in 7. h	1	caun	Mary1	and	USA		WIDOWED			Wicomico	Md.
in			0. C	TY OR TOWN O	F DFATH	11. N	AME OF HOSPITAL OR IN	STITUTION (If nat	in haspital 12	a. USUAL OCC	HPATION (Kind of work dane	12b. KIND OF BUSINESS OR
ficate be executed within 24 haurs after death	carban ent, with	7/	- 6	Salisbu	ry	D	eer's Head	State	Hospital	iring most at	working life, even if eliced to the operation	Shirt Factor
pa	completely ave carban y event, wi		13a. admi:	USUAL RESIDEN ssion) STATE	CE (Where decease	d lived, if institu	tian: Residence befare				13e. STREET AND NUMBER	
ecul		2			Marylar	13b. COUNTY		Hebr				
e e	and corremain any	1	14. F	ATHER'S NAME	First	Middle	Last		MOTHER'S MAIDEN		Middle	Phillips Lost
e p	cian c ease and ir	9	1/-	WAS DESERTED	Thomas	Willi	am Be	nnett	ORMAN Niec	Mary		Phillips
ficat	V 0 V				EVER IN U.S. ARM	or dates of service)	218-03-09				tings, Laurel	
300	signed by the alterding phy burial-transit permit. Then burial, crematian, ar removal	-		No sauss of	DEATH (F.)		1		· Diane	D. Has	triigs, Ladi er	APPROXIMATE INTERVAL
=	Ten Ten			PART I. D	FATH WAS CALISED	RV.	ine far (a), (b), and (c).					BETWEEN ONSET AND DEATH
100	anendin permit.			41-	IMMEDIA		Bronchopn	eumonia				2 weeks
the	pe di	- 1		Conditions if	ony, which gave)		AS A CONSEQUENCE OF				1.	
that	r th nsit		- 1	rise to immed	iote couse (a), ((b)	ARTERIOS C. AS A CONSEQUENCE OF	<u>Lerotic</u>	cardiov	ascula	r disease, de-	
the S	signed by the burial-transit purial, cremati			stating the un	derlying cause	DUE 10, UK	AS A CONSEQUENCE OF				compensated	1.
uire	gne gne uria			- 79kg	SIGNIFICANT CON	DITIONS CONTRIBI	ITING TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DISEA	ASE OR CONDIT	ON GIVEN IN PART I(a)	
red			.,				with left			ise on consti	on orten in rant ital	
The law re	has been se as the the priarta		ATIO	19a. DATE OF OI			HICH OPERATION WAS PE		20o. AUTOPSY?		206. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The	rificate has been d for use as the af Health priar ta	21	CERTIFICATION		Mark Div				YES 🗌	NO TO	CAUSES OF DEATH?	
Z S	certificate the distribution of the distributi		L CER	21a. ACCIDENT	WAS UNDERLYING	21b. TIME O		21c. HOW	INJURY OCCURRED	(Enter natur	e of injury in Part 1 ar Part 2,	Item 18.)
CA	af H		MEDICAL	(If either, natif	NG CAUSE OF DEATH y medical examin	er) P.M.	19					
S PHYSICIAN: The law requires	this certi detached e Dept. a			21d. INJURY O While Not at wark at	CCURRED 21e.	PLACE OF INJURY	(AT HOME, FARM, STREET, EAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCA	TION Street or R.	.F.D. Na.	City ar Town	County State
	Witter the be der					- L 'a-I\ -a	- 1-1-1-1	1.6		10	10	11 - 70 7 - 1
NO.	After be d State			saw th	e decembed at	s naspital) att ive on	ended the decease	ed tram 9 and t	hat in (my) (or	, 19,	death accurred on the de	ote and haur and from the
ATTENDING	ECTOR: / 3 should with the			causes	stated above	() (we) (did)	(did nat) view the	body after de	ath.	or) opinian	acom accorded on the di	ore and hadr and from the
AI	DIRECTOR: ge 3 should led with th			22b. SIGNATURE	1/1	11 :	20	1	ATTENDING .	MED	22c.	DATE SIGNED
0 3	DE Ge				VV	Mu	willing V	DEGREE		MED. DIRECTO		11/14/68
O HOSPITAL OR ATTEND	o FUNERAL DIR director, page 3 shauld be filed	1		22d. PHYSICIAN NAME (Typ	rs L.	V. Mal	dve, M. D.		Deer's	Head S	State Hospital	l, Salisbury, Mo
HOS	O FUNER director, shauld b		23a.	BURIAL, CREMA	TION, 23b. D	ATE	23c. NAME OF	CEMETERY OR CR				
07	5 - P - R	V		REMOVAL (Spec Buria UNERAL DIRECT	No	v. 16, 1	968 Sprin	ighill M	lemory Ga	rdens,	Salisbury, Wi	comico, Maryland
	VR A15 (4	2	24.				ADDRESS		2Sa.	REC'D BY REGI	STRAR 2Sb. REGISTRAR'S	S SIGNATURE
	45M - 1/8	5		HOLLO'	WAY & CO	MPANY, S	SALISBURY,	MARYLA	DATE DATE	NOV 1	8 1968 you	and Luch

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					.5	
	8 1888 W	VON		· PERSON V		

DECEASED-NAME (Type or print) neona 3. SEX 7o. BIRTHPLACE (State or foreign 10. CITY OR TOWN OF DEATH Salisbury 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE 14. FATHER'S NAME Middle Last MOTHER'S MAIDEN NAME First Middle 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (9), (b), and (c).) PART I. DEATH WAS CAUSED BY neumonia IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO | YES T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical exominer) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY,) 21f. LOCATION Street at R.F.D. Na. City or Town While Not while at wark 22a. I certify that (1) (this hospital) attended the deceased from 19-08 saw the deceased alive on. , and that in (my) (our) apinian death occurred an the date and have and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. STAFF DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type)

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been be detached with the director, page should be filed

23a. BURIAL, CREMATION

16658

death.

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crematian.

burial,

af Health

burial-transit

as the

for

signed by

after death.

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)

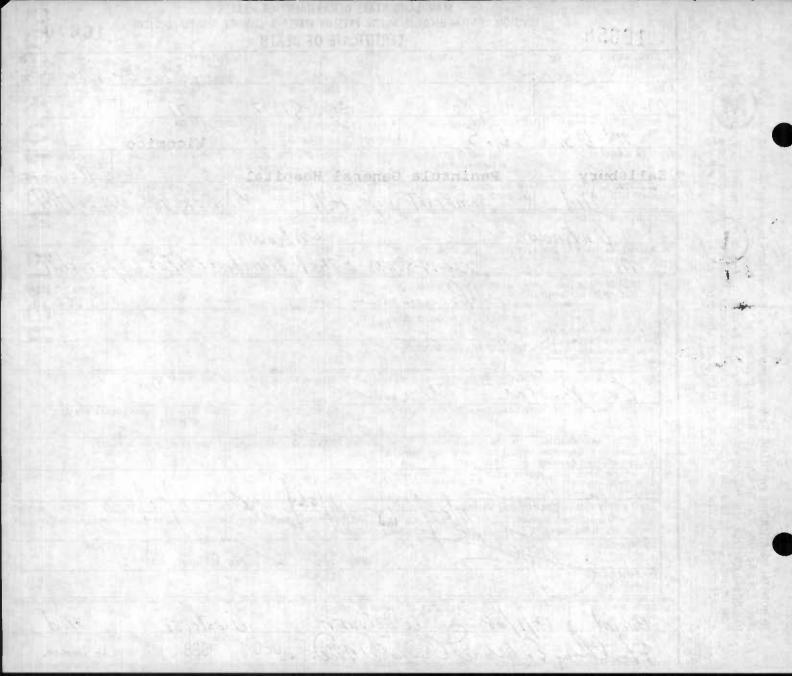
(County)

County

State

(State)

2b. HOUR



16657 CERTIFICATE OF DEATH I. DECEASED-NAME 2a. DATE OF DEATH (Type or print) November S. DATE OF BIRTH 6. AGE (In years last hirthday) 1895 Nov. 4. EMALE 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED Maryland U.S.A. Wicomico WIDOWED T DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OF during most of working life even if retired.) INDUSTRY Galisbury-Peninsul 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER V Worcester R.F.D. 2 Pocomoke Middle 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Last William Collins Minnie Collins Jane 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, nevorunknawn) (If yes give war or dates of service) 218-05-8484 Maurice E. Mason, Pocomoke City, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (cr.)
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUS DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) GR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 214- LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City of Town State County While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from 100. __1960, and that in (my) (our) opinion death occurred on the date and hour and from the couses stored obove (1) (we) (did not) view the body ofter deoth. 126. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE 22e. ADDRESS David J. Gilmore, M.D. Medical Center, Salisbury, Md. 23c. NAME OF CEMETERY OF XENDODRY 23d. LOCATION (City or Town) (County) 23b. DATE (State) 23a. BURIAL, CREMATION, First Baptist
ADDRESS 11-26-1968 Pocomoke City-Wor. -Md 2Sg. REC'D BY REGISTRAR

Sem Pocomoke City, Md.

DATE NOV 29

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16672

IF LINDER 24 HR

PK.

HOURS

1968

IF UNDER 1 YEAR

INDUSTRY

Grocery

DAYS

12b. KIND OF BUSINESS OR

Flliott

BETWEEN ONSET AND DEATH

State

CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2g. DATE OF DEATH Last and 2 death. (Type or print) November SAMUEL FRANKLIN MEYERS S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years last_birthday) White Male June 6, 1901 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Mary land USA WIDOWED [DIVORCED [WICOMICO 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done give street oddress)
| Peninsula General Hospital Retired Grocer Salisbury 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Maryland Wicomico Salisbury YES R.D. 6, Baysinger Trailer 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle First Middle Last George Meyers **Fmma** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Wife) R.D.6, Bays Ander Trailer Park Yes, no. or unknown) (If yes give war or dates of service) Mrs. Beulah V. Meyers, Salisbury, Maryland 217-07-2979A 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremic Poisoning 0 DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave) (b) Diabetes rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse (c) Hypertension PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? NO 🗍 ed for use of Health p YES 🗌 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exominer) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from 11-5 , 1968, ta 11-19 , 1968, that (1) (we) lost sow the deceased alive on 11-19 1968, and that in (my) (aur) apinion death occurred an the date and hour and from the causes stoted obave, (1) (we) (did) (did nat) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. November , 291968 DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Dr. William B. Smith 402 S. Division Street, Salisbury, Md. 23c. NAME OF CEMETERY OR CREMATORY 23b, DATE 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION REMOVAL (Specify) Nov. 22, 1968 Wicomico Memorial Park

O FUNERAL DIRECTOR: After this certificate has been director, 30M REV.

be retained

requires that the death certificate be executed within 24 haurs after death.

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the attending

signed by the burial-transit p

as the

24. FUNERAL DIRECTOR **ADDRESS** HOLLOWAY & COMPANY, SALISBURY, MARYLAND

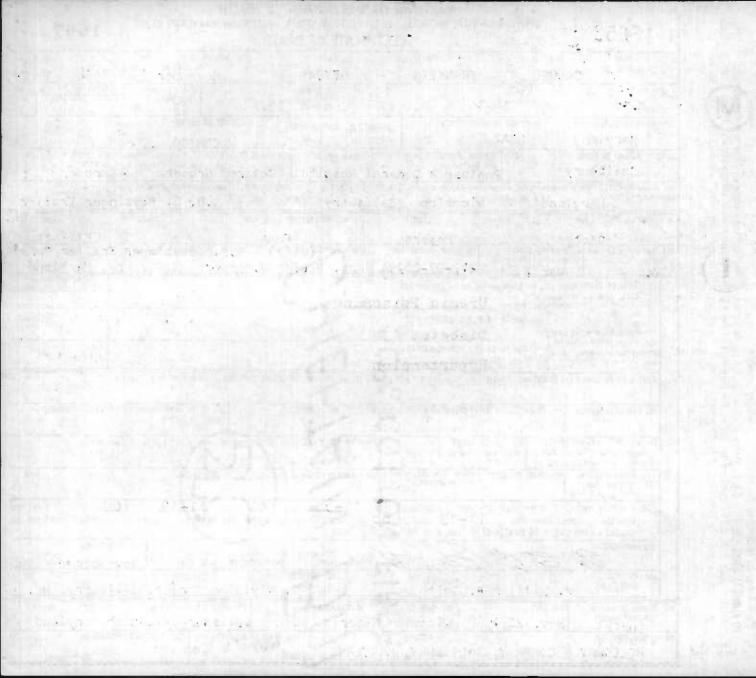
REGID BY REGISTRAR 2Sa.

DATE

Salisbury, Wicomico, Maryland 2Sb. REGISTRAR'S SIGNATURE

(County)

County

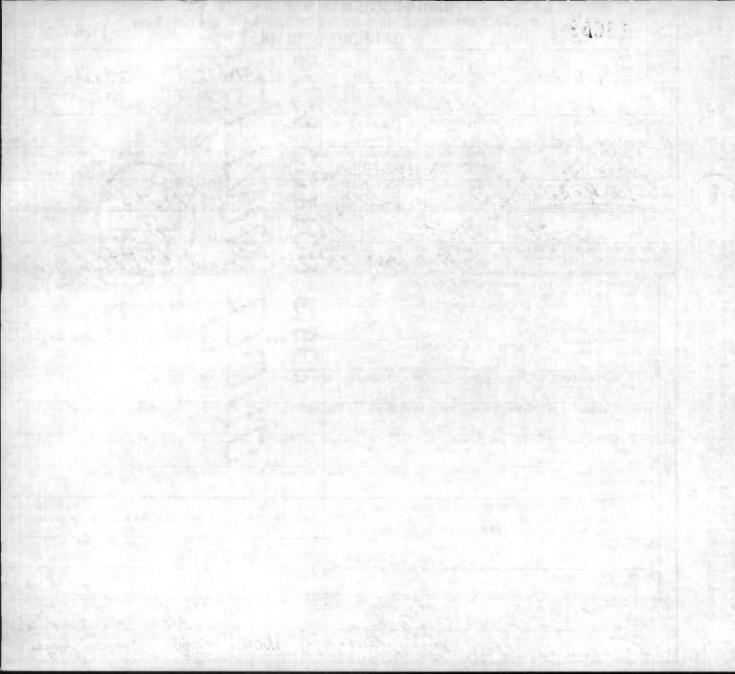


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	7000%			CI	ERTIFICA	TE OF DEATH			100	13
	CEASED NAME (ype or print)	First	1	Middle Noore	NI	itche	1/ Nov	EMBER Do	39 1968	2b. HOUR
3. SE	FEMALE	4. R	Co	loved	5.	DATE OF BIRTH May 16	, 1922	6. AGE (In years lost birthday) YRS.	IF UNDER I YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
coun	RRTHPLACE (State or foreign toy) Substitute (State or foreign toy) Region (State or foreign	Pb. CIT		E OF HOSPITAL OR INST	WIDOWED T		UAL OCCUPATION	COMICO N (Kind of work done	12bKIND OF	BUSINESS OR
	Salisbury	aceased live		Genera	ninsul Hosp 13c diy or 10	ital		street AND NUMBER	Work of	ustic
	ATHER'S NAME First	rac	Middle	noore		OTHER'S MAIDEN NAME	First		issee	Lost
	WAS DECEASED EVER IN U.S es, no, or unknown) (If ye	s give war ar date:		6b. SOCIAL SECURITY NO 221-18-60	667 7	Porina	Purn	ell Bayse	Eligher	(e) Des
7	18. CAUSE OF DEATH (Ent. PART I. DEATH WAS C IM 15.3.3 Canditions, if any, which grise ta immediate cause stating the underlying colost. PART 2. OTHER SIGNIFICAN	AUSED BY: MEDIATE CAU DOUGO OUSE DOUGO D	SE (a) UE TO, OR AS (b) UE TO, OR AS	A CONSEQUENCE OF	nitoris -	HE TERMINAL DISEASE O	R CONDITION GIV	VEN IN PART 1(a)	BEIWEN O	NSET AND DEATH
CERTIFICATION	19a. DATE OF OPERATION		ION FOR WHICH	H OPERATION WAS PERI	FORMED	20o. AUTOPSY? YES NO [CALIS	IF YES, WERE FINDINGS (SES OF DEATH?	CONSIDERED IN C	ERTIFYING
MEDICAL CEI	21o. ACCIDENT WAS UNDED OR CONTRIBUTING CAUSE ((If either, notify medical e	OF DEATH	P.M.	Manth Day Yeor		INJURY OCCURRED (En	ter nature af in	ijury in Part 1 or Port 2,	Item 18.)	
ME	21d. INJURY OCCURRED While Not while at wark	21e. PLACE	OF INJURY (A	T HOME, FARM, STREET, FACTO FFICE BUILDING, ETC.	DRY,) 21f. LOCA	TION Street or R.F.D. I	No. Ci	ty ar Town	County	State
	22a. I certify that (I saw the decease causes stated a 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	ed alive a	n	lid nat) view the b	, and t	hat in (my) (aur) a oth. ATTENDING PHYS. 22e. ADDRESS		, 19 accurred an the do		
	BURIAL CREMATION, REMAUAL (Specify) FUNERAL DIRECTOR	23b. DATE	3-6	23c. NAME OF CI	EMETERY OR CR		23d. JOCA The Control of the Contro	TION (City ar Jawn)	(County)	(State)

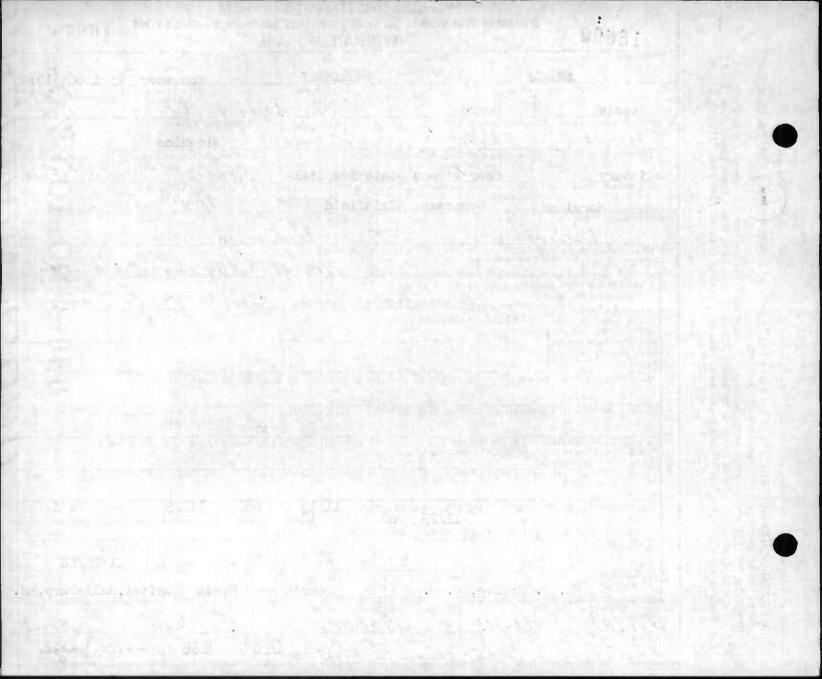
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and composely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, cremation, ar remayal, and in any evem, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 30M REV. 38



ADDRESS

REGISTRAR'S SIGNATUR



FOR STATE HEALTH DEP DEPT.

1. DECEASED-NAME

Star Pepartment of

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necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be forwarded to the Chief Medical Communa; office along with form PM2 Prom. Heolth prior to burial, cremotian, or removal, and in ony event within 5 may be retained for your files.

O FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit.

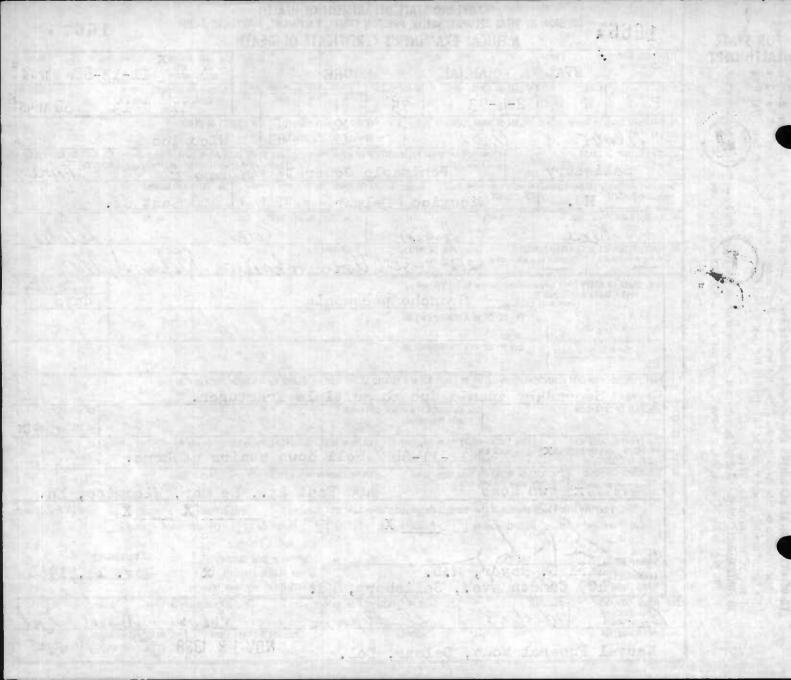
VR A15ME (5)

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16661 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Middle 20 DATE KNOWNED Month

16675

		CEASED-NAME	First	Midd	le		Last		20. DATE KNOWN Manth 1	Day Yeor 2b. HOUR
	(1	ype ar Print)	EVA	HANNAH		MOORE	T		DEATH MATED 11-1	3-6819 11:45 M
	3. SE	Χ	4. RACE	S. DATE OF BIRTH	6. AGE (In year	s IF UNDER		24 HRS.	2c. DATE PRONOUNCED DEAD	2d. HOUR
		F	W	2-4-93	last birthday)	RS. MONTHS	DAYS HOURS	MIN.	Month 11 Doy 13	Yeor 1968 11:45M
	70. B	IRTHPLACE (Stote	or foreign 7b	. CITIZEN OF WHAT COUNTRY?		_	EVER MARRIED	9. COU	NTY OF DEATH	1700 1111 1011
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	10. C	ITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL					CUPATION (Kind of work done 1)	
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и		VAS DECEASED EV es, na, or unknaw	ER IN U.S. ARMED FO	and deter of annual and	prompts .	17 INFORMA	INT Y		ADDRESS	71
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-1				ane cause per line far (a), (b), a	ind (c).)			1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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			iate cause (a),	(b) DUE TO. OR AS A CONSEQUE	NCE OF					
		stating the un	derlying cause	DOE 10, OK 70 71 CONSEQUE						
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	MEDICAL	CAUSE OF DEATI	Н	P.M	T TYDO				rs at home.	
	×	21d. INJURY OCC	URRED 21e. PL	ACE OF INJURY (At home, form, s	treet,		N Street ar R.F.D. N			Caunty State
2		AT WORK	T WORK IN OW	nry, affice building, etc.)		400 E	East St	., I	Delmar, Wicom:	ico, Md.
0		22a. 1	certify that I too	ak charge of the remains de	escribed obc				pectian X, Inquiry X,	
3				Notural dauses . A					Undetermined manner	
			15 0.				CHIEF MEDICAL			
-		ACTUAL	las	M		0.49				GNED
		SIGNATURE	Earl L.	Royer, M.D.		M.	D. DEPUTY MEDIC		WEINTY	14. 1968
2	-	NAME (Type)	109 Cam	den Ave., Sa		N TEN				140 1700
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	230.	ALMOVAL (Speci		23C. NA	ME AT SEMETE	LOK CKEMA	/	Z3 d.	LOCATION (City or Town)	(County) (State)
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		Marve	I Funer	al Home, Del	mar,	Del.	DATE	011	0 1000	المرام الم



VR A15ME (5) 10M REV. 1/681

Health

O DEPUTY

County RD 1. Parsonsburg, Wicomico, Md. Inquiry X, ond in my opinion ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER November 26 / 1968 Earl L. Royer, DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county) 409 Camden Ave., Salisbury, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) Nov. 27, 1968 Pitts ville Cemetery | Pitts | Pittsville, Wicomico, Maryland Burial 24. FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND

19 68 6.50M

APPROXIMATE INTERVAL

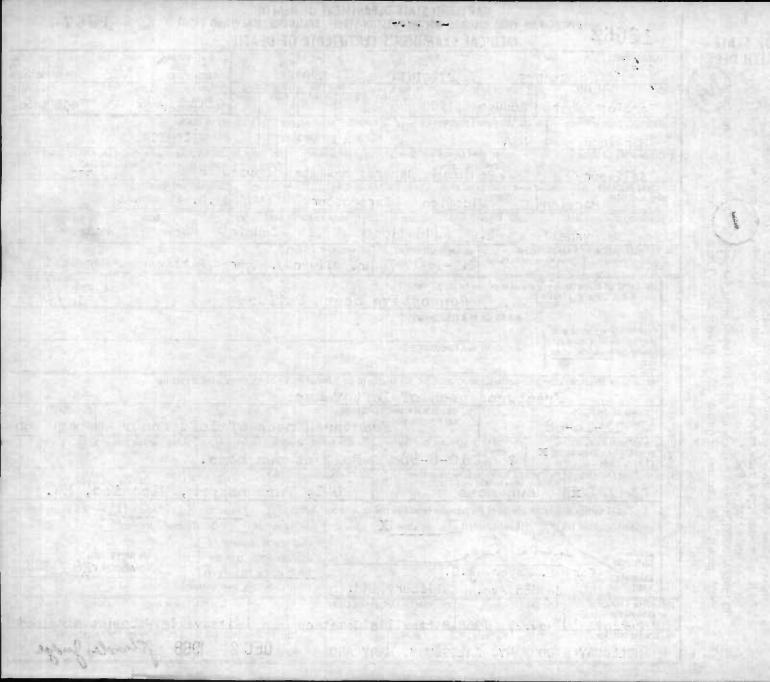
BETWEEN ONSET AND DEATH

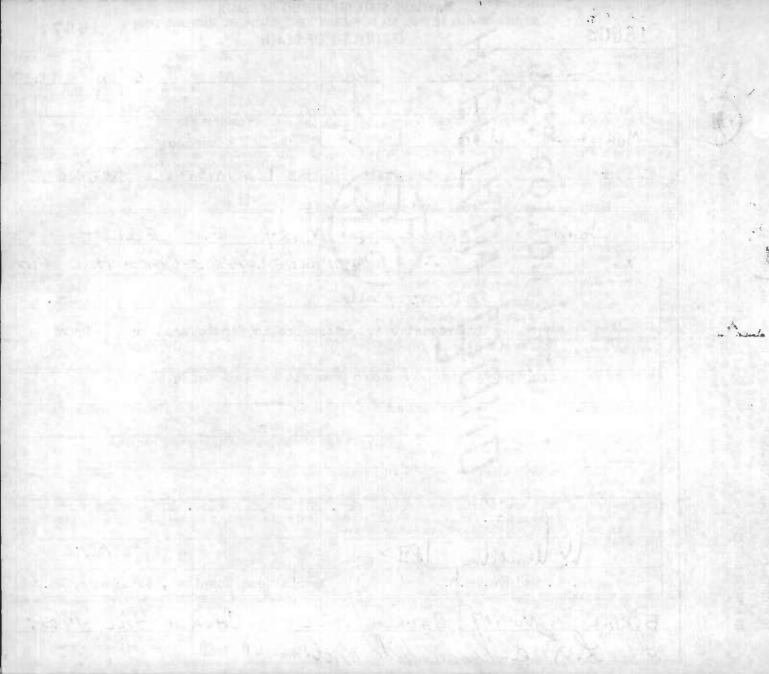
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20. AUTOPSY?

NO X

2d. HOUR





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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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ind the again certificate be executed within 24 hours after a on. by the attending physician and completely filled in by the fune by the attending physician and completely filled in by the fune ransit permit. Then please range across papers. Pages 1 or remayal, and only event, within 72 hours after a cremation, or remayal, and only event, within 72 hours after a	0	CITY OR TOWN OF DEATH Salisbury	give street oddress)	OR INSTITUTION (If not in hospital)	20. USUAL OCCUPATION further which	(Kind of work done life, even if retired.)	2b. KIND OF BUSINESS OR NDUSTRY Medicine
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an and	21	4. FATHER'S NAME First		ost 15. MOTHER'S MAIDEN		Middle	Lost
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tending physician and control in the please remains. Then please remains to remayal, and many e	1	60. WAS DECEASED EVER IN U.S. AR Yes, no or unknown) (If yes give		JRITY NO. 17. INFORMANT 0-8991 Mr. S. 0	tis North	Address nam, Snow H	
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AL OK ALIEND by be retained L DIRECTOR: A age 3 shauld if		22b. SIGNATURE	Mean	DEGREE ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. 22c. DATE	SIGNED 3/68
FERA dr. F	1	23d. PFIYSICIAN'S NAME (Type)		22e. ADDRESS			
rec Fe	2	DEMOVING (C.)		NE OF CEMETERY OR CREMATORY	23d. LOCATIO	ON (City or Town) (Co	ounty) (Stote)
5 5 5 p. x		REMOVAL (Specify)	1/25/1968 Wha	tcoat Cemetery	Snor	W. Hill, Mar	ryland
VR A15 (4)	20 2	4. FUNERAL DIRECTOR	AD	DRESS 256.	REC'D BY REGISTRAR	25b. REGISTRAR'S SIGN	ATURE CALLES

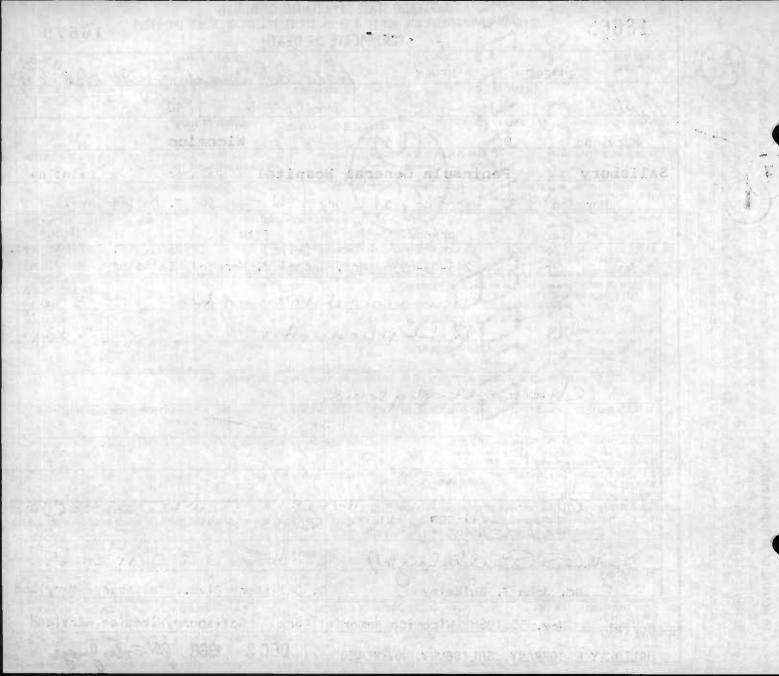
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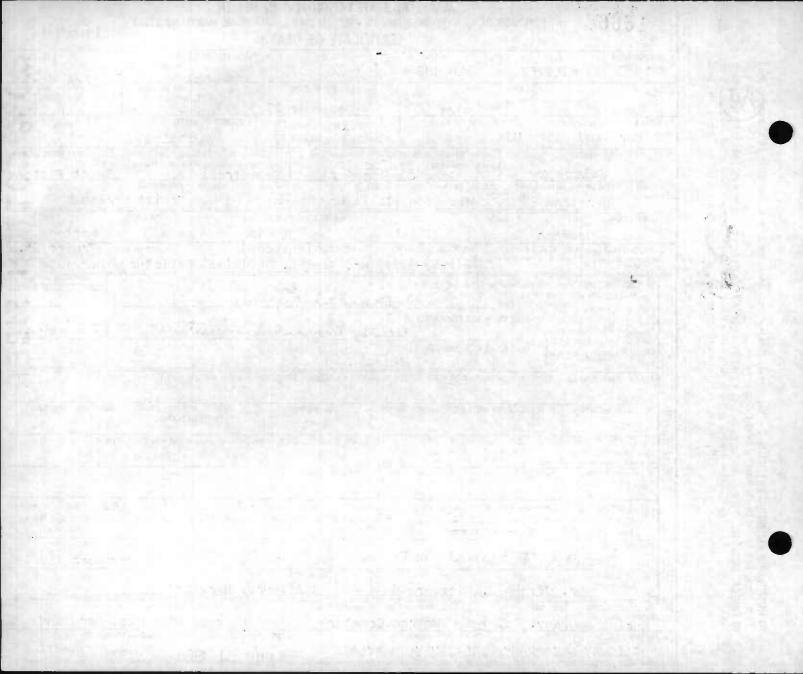
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MARYLAND STATE DEPARTMENT OF HEALTH 16665 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16679 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH vithin 24 hours after death (Type or print) HENRY ROBERT 3. SEX 4 RACE 5: DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR hours afte orbon popers. Pages lost birthdoy) MONTHS HOURS June 8, 1918 White 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED cauntry) WIDOWED | Wicomico Maryland USA DIVORCED [within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind af work done 12b. KIND OF BUSINESS OR give street address)

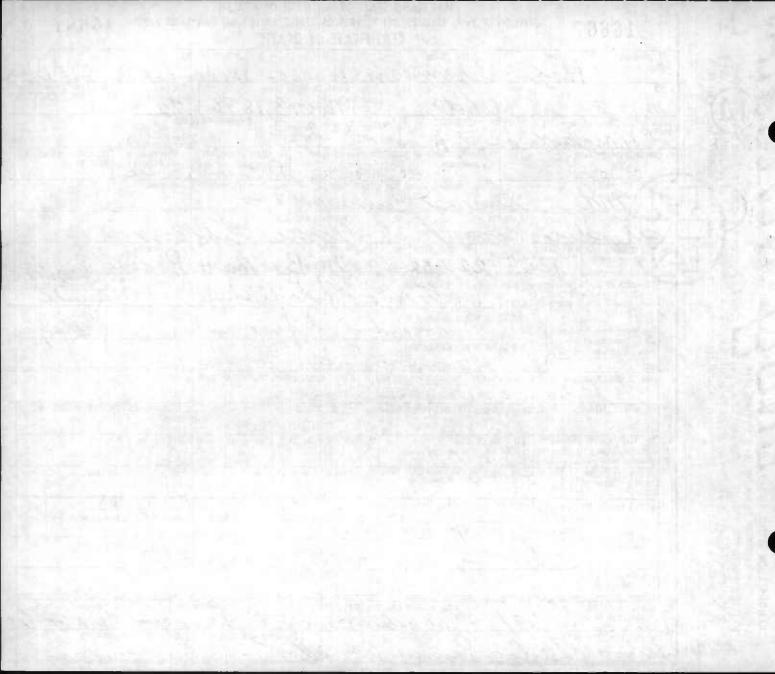
Peninsula General Hospital Painter

Painter Salisbury Painting 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before remove tor event. 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER compl admission) STATE 18b. COUNTY YES . NO _ 505 E. College Ave. Wicomico Salisbury Maryland ond in ony 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last 6 Hicks The law requires that the death certificate be William . Norwood Etta 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 505 Address E. College Ave. 17. INFORMANT (Wite) Yes, na, ar unknown)
Yes (If yes give wor or dates of service) attending phys or removal, 215-03-6934 War Mrs. Rachel J. Norwood, Salisbury, Maryland 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. neumococcal IMMEDIATE CAUSE (a) burial, cremation, signed by the burial-tronsit p Canditions, if any, which gave: rise to immediate couse (a). O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the 3hould be filed with the State Dept. of Health prior to CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190, DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO TH 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this hospital) ottended the deceased from 11-23-62, 19 . to 11-27 1968 that (1) saw the deceased alive an 11-22 1966, and that in(my) (our) apinion death accurred on the date and hour and fram the couses stoted above, (1) (well (did)) did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. STAFF 11-27-68 DIRECTOR PHYS. 22d. PHYSICIANS 22e. ADDRESS NAME (Ivee) S. Salisbury Blvd., Salisbury, Maryland John T. Bulkeley 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Salisbury, Wicomico, Maryland Nov. 30, 1968 Wicomico Memorial Park 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968 45M HOLLOWAY & COMPANY, SALISBURY, MARYLAND

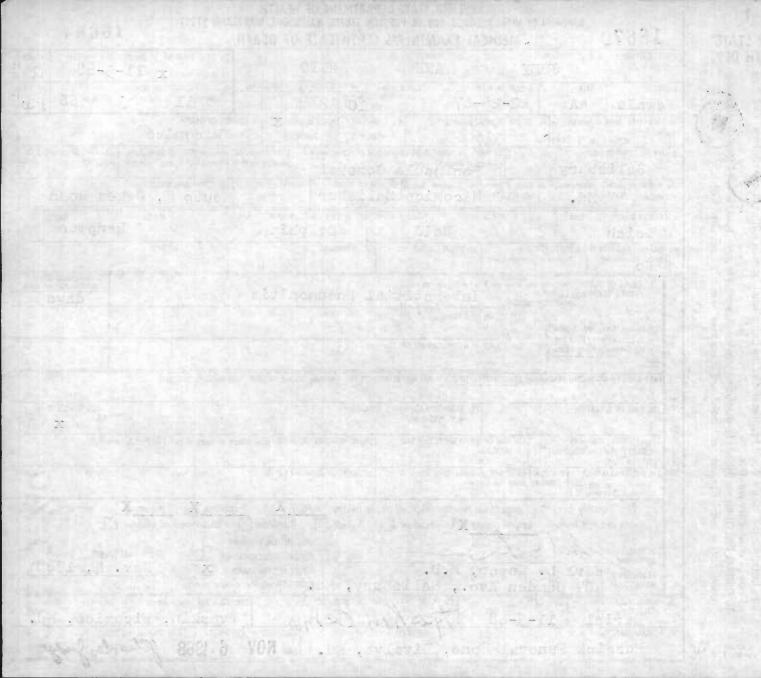




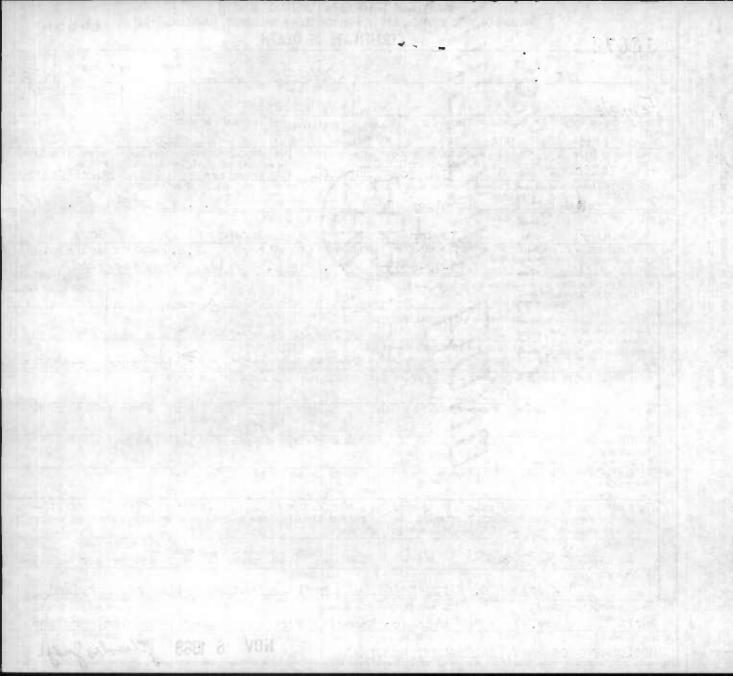
MARYLAND STATE DEPARTMENT OF HEALTH



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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cuted within 24 hours after death. physician and completely filled in by the corbon popers. Pagent, within 72 hours ATTENDING PHYSICIAN: The law requires that the death certificate be the offending phy

and in ony 0 buriol-transit as the O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should should be filed with the

16673 CERTIFICATE OF DEATH 2b. HOUR 1. DECEASED-NAME 20. DATE OF DEATH First Lost (Type or print) Month Jay Swift November 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS HOURS 1896 Feb. 28, male white 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED | DIVORCED | Maryland U.S.A. Wicomico 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Pine Bluff State Hosp. Salisbury Laborer 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136. COUNTY YES 🗀 NO X Maryland Marion 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Lost Lost Ennis Fred Swift Jennie 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT records of Address Yes, no, or unknown) (If yes give wor or dates of service) 220-01-8396 Pine Bluff State Hospital APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) cerebral vascular accident days DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART, 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? YES 🗍 NO-210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work 22a. I certify that 1/2) (this haspital) attended the deceased from Aug. 7 , 1968, ta Nov. 9 , 1968, that (\$\footnote{1}\$) (we) last saw the deceased alive an Nov. 9 1968, and that in (100) (aur) apinian death accurred an the date and haur and from the causes stated abave, (bk (we) (did) (diabast) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR □ Nov. 10, 1968 DEGREE 22e. ADDRESSPine Bluff State Hospital 22d. PHYSICIAN'S Ritchings, M. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) PUREMOVAL (Specify) St. Mark's Cemetery Nov. 12, 1968 Kingston, Md. Somerset 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** Melanter 1968

VR A15 (4) 30M REV. 1/68

Bradshaw & Sons, Crisfield, Md. 21817

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16688

16674CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type or print) MARIAN HATTIE ven 4 RACE 3. SEX S. DATE OF BIRTH AGE (In years IF-ONDER 1 YEAR last birthday) MONTHS HOURS May 1, 1899 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Wicomico WIDOWED X DIVORCED Maryland USA Md. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR Peninsula during most of working life, even if retired.)
House Wife give street address) INDUSTRY Salisbury General Hospital 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. Wicomico YES 🗔 NO T 207 Main Street Hebron 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Last Middle Lost Milligan Sallie Taylor Joseph Frank Ann 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Grandson) Box 541 Address Yes, na, ar unknawn) [(If yes give wor or dates of service) Mr. L. Tim White, Hebron, Maryland APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS Canditions, if ony, which gave ; rise to immediate cause (a), DUE TO, OR AS stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY State City or Town County While Not while OFFICE BUILDING, ETC. at work at wark 22a. I certify that (1) (this haspital) attended the deceased from 19 Le Yand that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive on L causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURI 22c. DATE SIGNED DEGREE PHYS. DIRECTOR PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)

O FUNERAL DIRECTOR: After this certificate has been directar, shauld VR A15 (4) 30M REV. 1/68

24. FUNERAL DIRECTOR

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ATTENDING PHYSICIAN: The law

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HOLLOWAY & COMPANY, SALISBURY, MARYLAND

1968

Springhill Memory Gardens Salisbury, Wicomico, Maryland

2Sb. REGISTRAR'S SIGNATUR Ochanles

CEDTIEICATE OF DEATH

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the toriend director, page 3 should be detoched for use as the burial-tronsit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. completely filled in by the

yted within 24 hours after

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate

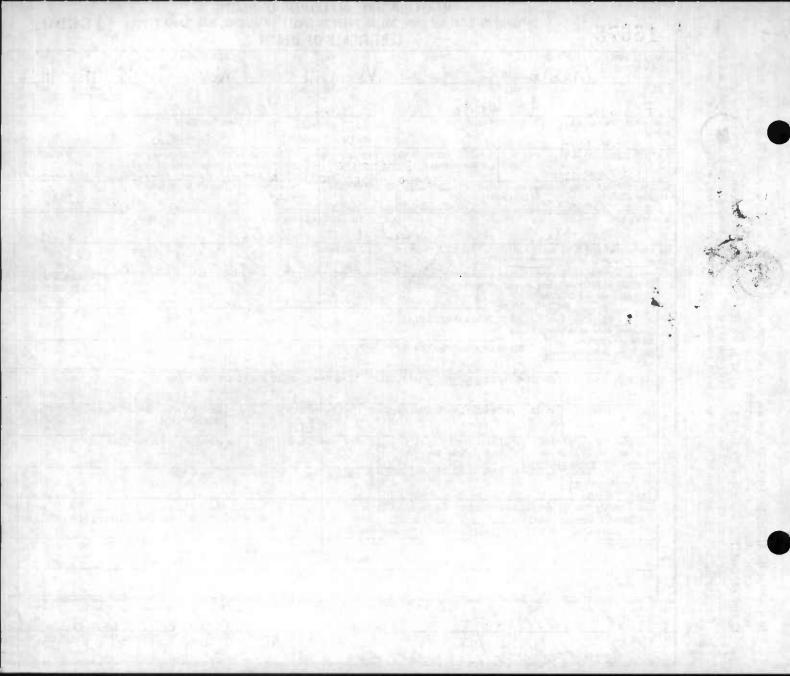
Poge 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 30M REV. 1/68

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10010				CENTILLE	AIL OF DEATH							
. DECEASED-NAME	Firs	t	Middle		Last	2o. DATE OF			2b. HOUR			
(Type or print)	Wall	ter	Albert	V.	anAuken		Month Da	1968	8 2:45			
3. SEX		4. RACE			S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HR			
Male		W	hite		12-10-1903		last birthdoy) YRS.	MONTHS DAYS	S HOURS MII			
o. BIRTHPLACE (Stote		7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH					
Connecti	cut	U.S	.A.	WIDOWED		Wico	mico					
O. CITY OR TOWN OF			11. NAME OF HOSPITAL OR				(Kind af wark dane life, even if retired.) Welder	INDUSTRY	OF BUSINESS OR			
Pittsvil		1.11						Wel	ding			
dmission) STATE	where dece	13b. COU	nstitution: Residence befor NTY COMICO	e 13c. CITY OR Pitts	WES .	100	REET AND NUMBER	load				
14. FATHER'S NAME	First No.		idle Lost		. MOTHER'S MAIDEN NAME		Middle		Lost			
16a. WAS DECEASED EV	ER IN U.S. AF	MED FORCES?	16b. SOCIAL SECURIT	Y NO. 17. I	NFORMANT		Address					
Yes, no, ar unknown	(If yes give	war or dates of sen	048-05-1	478 M	rs. Frances	E. VanA	uken, See	Sec.13				
Conditions, if any rise to immedia stating the undulast.	, which gave to cause (a), orlying cause	DUE TO	O, OR AS A CONSEQUENCE (DF .				100, 12	77800			
1621	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
19a. DATE OF OPER	ATION 198	o. CONDITION F	OR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY? YES NO	CALISE	YES, WERE FINDINGS (5 OF DEATH?	CONSIDERED IN	CERTIFYING			
21a. ACCIDENT W	CAUSE OF OE	ATH HOUR	P.M.	or 19	OW INJURY OCCURRED (Ent		ry in Part 1 or Part 2,	Item 18.)				
While Nat w	ırk	HEAL	, ,		OCATION Street or R.F.D. N	10	or Tawn	County	State			
saw the	decensed	nlive on	attended the deced (dist) (did nat) view th	1968 an	d that in (my) (out) a	pinian death		ate and hav	at (I) (we) to r and fram th			
22b. SIGNATURE	1	46	5	DEGR		MED. DIRECTOR	STAFF PHYS. D 22c.	DATE SIGNED	768			
22d. PHYSICIAN'S NAME (Type)	DR.	O.J.	BURTON		SALISBU		ARYLAND					
23a. BURIAL, CREMATIO REMOVAL (Specify Burla	1	DATE		of CEMETERY OR eld Mem			ON (Aty or Town)	(County)	(Stote) Connecti			
24. FUNERAL DIRECTOR			ADDRE	SS	2Sa. REC'D	BY REGISTRAR	2Sb. REGISTRAR	S SIGNATURE				
Hill Fune	eral H	ome Sa	alisbury, Ma	ryland	DATE	OV 12	1968 100	carelan 1	nder			

This work was a second of the ALLES TO THE POST OF THE POST Lat of the state of the same o La Marania de la marca de la Marania del Marania del Marania del Marania de la Marania dela Marania de la Marania dela Marania CARRELL ON COMMENT OF THE STATE The Original Production of the Standard Standard TO MAIN THE CONTRACT OF THE PROPERTY OF THE PR AND AND STORY OF THE PROPERTY OF THE PROPERTY



executed within 24 haurs after death ease remave carban (ampletely event, and in any a ar remaya requires that the death crematian, burial-transit þ physician. signed burial, be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been priar ta as the ad far use af Health p State Dept. 3 shauld to with the S director, page 3 shauld be filed w Page 4 may t

thed in by the funeral papers Pages 1 and 2 this hours after death.

21f. LOCATION Street or R.F.D. Na. City or Tawn

County

Stote

While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram 196 saw the deceased alive an 11-10. 19 8 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE

ATTENDING

PHYS.

22d. PHYSICIAN'S NAME (Type)

22e. ADDRESS

elar

DIRECTOR

23o., BURIAL, CREMATION REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

LOCATION (City or Town)

(County)

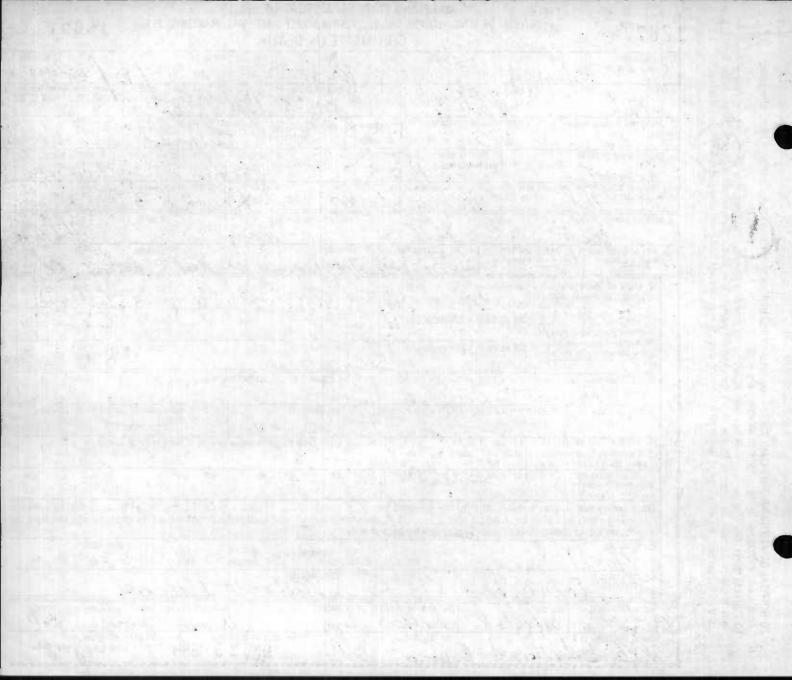
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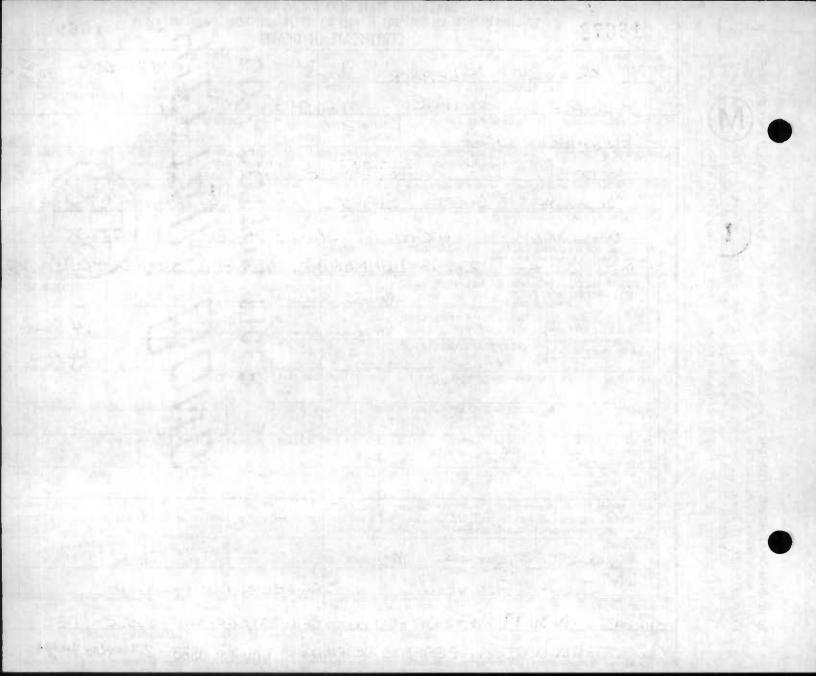
24. FUNERAL DIRECTOR VR A15 (1)

ADDRESS

DEGREE

2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE





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kampletely filled in by the ove corbon papers. Page lease semove corbon popers. Page and in ony event, within 72 hours af

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FOR HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificat Page 4 may be retained by the hospital or attending physician.

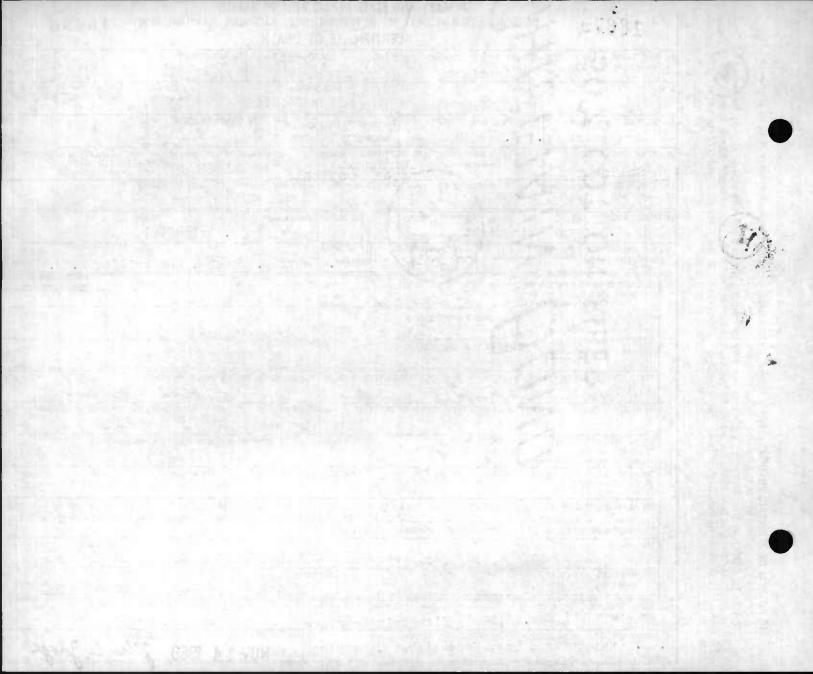
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical director, page 3 should be detached for use os the burial-tronsit permit. Then pleahold be filed with the State Dept. of Health prior to burial, cremation, or removol,

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1	C	60	0	
J.	U	O	3	0

- Lance			CEIT	IIIICAIL OI DEAII				
1.	DECEASED-NAME Also	7 . / .	LauraMiddle Avalo	4.4	2 y) 20. DATE OF DEATH Month Movember.	Dgy Year 2b. HOUR		
2	SEX	4. RACE	right W/	HEATLEY IS. DATE OF BIRTH		IF ONDER 1 YEAR IF UNDER 24 HR		
3.			1,	June 24,	6. AGE (In years lost, hirthday)	MONTHS DAYS HOURS MIN		
1	FEMALE	71 (17/75)) OF	WHAT COUNTRY? 8. MA		- 11	RS.		
(0	o. BIRTHPLACE (Stote or fo	reign /b. Cilizen OF	1112	ARRIED NEVER MARRIED	9. COUNTY OF DEATH			
-). CITY OR TOWN OF DEATH		NAME OF HOSPITAL OR INSTITUTI	ON // not in hermital 120 /	Wicomico ISUAL OCCUPATION (Kind of work dor	101 KIND OF BURINGS OF		
	Salisbur	giv	e street address) Penii Genera	nsula during	most of working life, even if retired			
13	dmission) STATE	re deceased lived, if institution 13b. COUNTY	tution: Residence befare 13c.	CITY OR TOWN 13d. INSIDE C				
	4. FATHER'S NAME Fir	rst Middle	Lost	IS. MOTHER'S MAIDEN NAM	E First Middle	Lost		
ı	W. Geo	orge Wainwri	ght	Jenr	nie D. Brinsfield			
1	6a. WAS DECEASED EVER I	N U.S. ARMED FORCES? (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Address			
	Yes, po or unknown)	(ii has dive may or aguas or sarvice)	221-05-6763	Mrs. Laura E	. Vaughn, Pennsv			
	1B. CAUSE OF DEATH	(Enter only ane cause per	line for (a), (b), ond (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
T.	PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUSE (a)	Cese bia	e penontos	0			
ı	4129							
	Canditians, if any, wh	ich gave)		elevalue / orde	wesculor Des	ul		
	rise to immediate ca stating the underlyin	DITE TO OF	R AS A CONSEQUENCE OF	Contract of the contract of th				
	last. 42221	(c)						
1	PART 2. OTHER SIGNIF	ICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(o)			
1	z Paraes	una of be	ust & mit	estano -	Malden	Melhen		
1	19a. DATE OF OPERATIO	N 196. CONDITION FOR V	VHICH OPERATION WAS PERFORM		20b. IF YES, WERE FINDING	FINDINGS CONSIDERED IN CERTIFYING		
1	HI H	0		YES NO	CAUSES OF DEATH?	ATH? 423		
1	210. ACCIDENT WAS L			21c. HOW INJURY OCCURRED (E	inter nature of injury in Part 1 or Part	2, Item IB.)		
3	G (If either, notify media		M. Month Doy Year M. 19					
200	21d. INJURY OCCURRE While Not while at wark	D 21e. PLACE OF INJUR	Y (AT HOME, FARM, STREET, FACTORY,) OFFICE BUILDING, FTC.	21f. LOCATION Street or R.F.D.	Na. City or Town	Caunty State		
Т	22a. I certify tha	it (I) (this hospital) a	ttended the deceased from	om 11-7-,1	6x, to 11-10,	19_65 that (1) (we) In		
	saw the dec	eased alive an	1) (did nat) view the bady	Z and that in (my) (aur)	apinian death accurred an the	date and haur and fram t		
1	22b. SIGNATURE	1 me	in Caster in	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS. 2	2c. DATE SIGNED		
	22d. PHYSICIAN'S NAME (Type)		70	22e. ADDRESS	Real Centre S	eliber me		
-	3a. BURIAL, CREMATION,	23b. DATE	22. NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION (City or Town)	15 13 15 15 15		
23						(County) (State)		
23	REMOVAL (Spelify)							
2	REMOVAL Spelify	Nov. 13, 1	968 Firemen's	Cemetery	Sharptown, Mar			



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	ECEASED-NAME Type or Print)	Firs CHA		Middle JARV		WICKS,	JR.		OF ECTI -	Manth Day	Yeor 1968	2b. HOUR
3. SI	Male	4. RACE White	S. DATE OF B		6. AGE (In years last buthday)	MONTHS DAYS	HOURS HOURS	24 HRS. MIN.	2c. DATE PRONOUNCED DE November 13°		Year 1968	2d. HOUR
	BIRTHPLACE (Sto		7b. CITIZEN OF W		8. M	IARRIED NEVER M	ARRIED ORCED 📉		INTY OF DEATH		1900	Md.
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13o.	USUAL RESIDEN	,	sed lived, if insti-	ninsula (Iution: Residence b Wicomico	pefarel 13c. CIT	Hospita TY OR TOWN 1isbury	3d. INSIDE CITY I		13e. STREET AND NUMBER 302 Pond St			
14. F	FATHER'S NAME	First Char 1 e	Middles J.		ks, Sr	1S. MOTHER'S MA		First athr	yn Beatri		Powe 1	1
	WAS DECEASED E Yes, no, or unkno Yes	VER IN U.S. ARMED (If yes give	FORCES? war or dates of service)	16b. SOCIAL SECU	RITY NO.	17. INFORMANT (F			ADDRESS S Holland, Prin			Md.
	PART I. LOCAL Canditions, if rise to immestoting the ulast.	ony, which gave diate cause (a), inderlying couse	ED BY: IATE CAUSE (a) DUE TO, O (b) DUE TO, O (c)	Ine for (a), (b), or R AS A CONSEQUEN R AS A CONSEQUEN TING TO DEATH BU	ICE OF	D TO THE TERMINAL		7/10	ON GIVEN IN PART 1(o)		APPROXIMATE BITWEEN DUSE	MIERVAIN AND DEATH
MEDICAL CERTIFICATION	19a. DATE OF	OPERATION		19b. CONDITION WAS PERFO		PERATION					20. AUTOPSY	? NO 🗌
DICAL CER	21o. EXTERNAL PRIMARY (CAUSE OF DEA	OR CONTRIBUTING	HOUR	F INJURY Month, Da A.M. P.M.	y, Year 19	21c. HOW INJURY (CCURRED (En	iter notu	re of injury in Port I or Pa	ort 2, Item 1	8.)	
ME	21d. INJURY OF WHILE AT WORK	CCURRED 21e.	PLACE OF INJURY octory, affice build	(At home, form, st ng, etc.)	reet,	21f. LOCATION Stree	or R.F.D. Na.		City ar Tawn	(0	ounty	Stote
220. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and in my opinion death resulted from: ACTUAL SIGNATURE SIGNATURE EXAMINER'S Earl L. Royer, M.D. NAME (Type) 409 Camden Ave, Salisbury, Md. ADDRESS(Street, city, town, or county) 23a. BURIAL, CREMATION, 23b. DATE 22b. DATE SIGNED DEPUTY MEDICAL EXAMINER X November / 1968 ADDRESS(Street, city, town, or county) 23a. BURIAL, CREMATION, 23b. DATE 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)											/1968 ate)	
24.	FUNERAL DIREC	TOR	OMPANY		ADDRESS	emetery	2Sa. REC'I		GISTRAR 2Sb. REGIST	TRAR'S SIGNA	Co. Mar	y rano

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Elec pages 1 and 2 with the State Department of

Health priar ta burial, crematian, ar remaval, and in any event within 72 hours after death.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit

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This certificate shauld be executed within 24 hours ofter death

TT pencil

necessary, please execute the certificate, writing the word "pending, the funeral directar. Page 4 shauld be farwarded ta the Chief Med

DICAL EXAMINER:

TO DEPUTY

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DIVISION OF VIT

MEDICAL EVAMINED'S CEDTICICATE OF DEATH

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AL	RECORDS,	30	1 W.	PRESTON	STREET,	BALTIMORI	, MARYLAND	21201

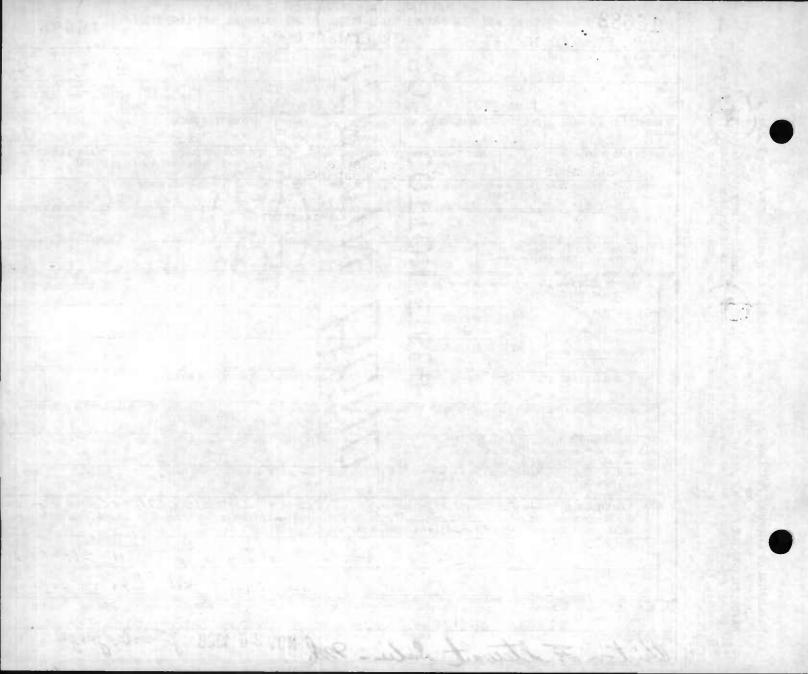
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	ECEASED-NAME	First	t		Middle			Last			2a. DATE KNOWN Month	Day Ye	ear 2b. H	IOUR,
()	Type ar Print)	WIL	LIAM		EDWARD			WILLEY			OF ESTI-	29	1968 2:	+5M
3. SI	EY .	4. RACE	S. DATE O	E DIDTU	16. 61	GE (In years	I IF UNC	DER I YEAR	IF UNDER	24 HRS	2c. DATE PRONOUNCED DEAD			
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	Male	White		h 17,		04 YRS					November 29	196	68 3:4	15M
	BIRTHPLACE (Stote	e or foreign	76. CITIZEN O	F WHAT COU	NTRY?	8. MA	RRIED	NEVER MA	RRIED X	9. COU	INTY OF DEATH	Out To be		
coun	Maryi	and	USA			WID	OWED [DIVO	ORCED 🔲		WICOMICO			Md.
10. 0	ITY OR TOWN O	F DEATH		11. NAME OF	HOSPITAL OR I	NSTITUTIO	N (If nat i	n hospital	12a. U		CCUPATION (Kind of work dane			
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		CE (Where decea		nstitution: R	esidence befar	e 13c. CITY	DR TDW	N 13	d. INSIDE CITY	LIMITS?	13e. STREET AND NUMBER			
0	dmission) STATE	Marylan	d 13b. COUN	Wice	omico	Ed	en		YES	10 🗌	R.D. 1			
14. F	ATHER'S NAME	First	A	Middle	Last		IS. MOT	HER'S MAI	DEN NAME	First	Middle		Last	
117		Edward	- Ic	seph	Wi 11	ev			Eliz	aha	th Jane	Marti	n	
16a.	WAS DECEASED EV	ER IN U.S. ARMED			CIAL SECURITY		17. INFOR	MANT / C	ister		1730ADDRESS Riv			_
(Y	es, na, ar unknav	vn) (If yes give	wor or dates of ser	(malvo				•						2
	No				-16-845	-	Mrs.	Rayr	ner Po	owel	1, Şalisbury,	Maryla	XIMATE INTERVAL	
		DEATH (Enter on		the state of the state of									ONSET AND GEA	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion										suc	dden		
4109 DUE TO, OR AS A CONSEQUENCE OF											-	7.55		
Conditions, if ony, which gave														
Tise to tillified to to se (u),													_	
stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF										S 75 0 7				
	(c)													
	PART 2. OTHER	SIGNIFICANT COND	OITIONS CONTR	RIBUTING TO	DEATH BUT NO	T RELATED	TO THE T	ERMINAL D	ISEASE OR	CDNDITIO	ON GIVEN IN PART I(a)			
z	4201	30710					200	200		2.3	COLUMN TO SERVICE STATE OF THE PARTY OF THE			
ATIO	19a. DATE OF C	PERATION			ONDITION FOR		H OPERATION					20. AU	JTOPSY?	
JEIC	2.5			W	AS PERFORMED	13						YES	S NO	
CERTIFICATION	21a. EXTERNAL	CAUSE WAS	21b. TIA	AE OF INJURY	Manth, Day, Ye	fear 21c HOW INJURY OCCURRED (Enter nat)					nature of injury in Part 1 or Part 2, Item 18.)			4
		R CONTRIBUTING		UR A.M.			and the state of t							
MEDICAL	CAUSE OF DEAT		DI ACE OF IN II	P.M.	19		74201 240	ION CAA	ar R.F.D. Na		C	County	£.	
~			ectory, office b		e, farm, street,		ZII. LUCAI	ION 211661	ar K.F.D. Na		City or Town	County	Sto	316
	AT WORK	AT WORK			6.13.2		1.27	200	1376	200	Section 1			
	22a. I	certify that I t	aak charge	af the rem	nains describ	ed abav	e, held o	n Auto	psy 🔲,	ins	spectian X, Inquiry	v, and	in my apir	nian
		sulted from:		causes 🕽		IT.	Suicid	_	Hamicio	-	Undetermined manner			
19	dodin io	0	THO TOTAL	C40303 [2	, record	,	Joicia							
20	ACTUAL CHIEF MEDICAL EXAMINER													
	SIGNATURE	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER L. 220. DATE SIGNED												
94	EXAMINER'S							-	UTY MEDICA			mber 4	² /196	08
	NAME (Type)	409 Ca	mden A	ve.,	Salisbu	ry,	Md.	ADD	RESS(Street	, city, ta	wn, or county)			
23a.	BURIAL, CREMA REMOVAL (Spec	ify)	. DATE		23c. NAME OF			MATDRY		23d.	LOCATION (City or Tawn)	(Caunty)	(State)	
04	Bur i	1 1	ec. 2,	1968	Allen	Ceme	tery		las assu		llen, Wicomico		land_	
24.					ADDR				25a. REC'I				. 4.0	
000	HOLLOW	VAY & CO	MPANY.	SALIS	SBURY.	MARY	LAND		DATEDE	63	1968 yella	way for	The same	

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

VR A15ME (5) 10M REV. 1/68

TO STOCK STO mass of commentaries and the second second Service State of the Committee of the Co



16697

16683 DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Month Doy 1968 ear 21. RALPH 10:00AM WILSON November IF UNDER 24 HRS. 4. RACE 6. AGE (In years 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR MONTHS HOURS last/birthday) Male Colored 7a. BIRTHPLACE (Stafe or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country WIDOWED DIVORCED [WICOMICO 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Deer's Head State Hospital during most of warking life, even if retired.) Salisbury 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland Wicomico NO 300 Delaware Avenue Salisbury 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost 16b_SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) PART I. DEATH WAS CAUSED BY 48 hrs Bronchopneumonia IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave Hypertensive arteriosclerotic cardiovascular Years rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF disease stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Multiple strokelets 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 🔽 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work 22a. I certify that (X) (this haspital) attended the deceased from September 1619 68, to November 219 68, that (14 (we) last saw the deceased alive an November 21 1968, and that in (44) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (algorith view the bady ofter deoth. 22c. DATE SIGNED 22b. SLONATURE ATTENDING 11/21/68 DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Deer's Head State Hospital, Salisbury, NAME (Type) C. H. Winnacott, M. D. 23b. DATE 23c. NAME OF CEMETERY OR FREMATORY (County) (State een Heres

24. FUNERAL DIRECTOR

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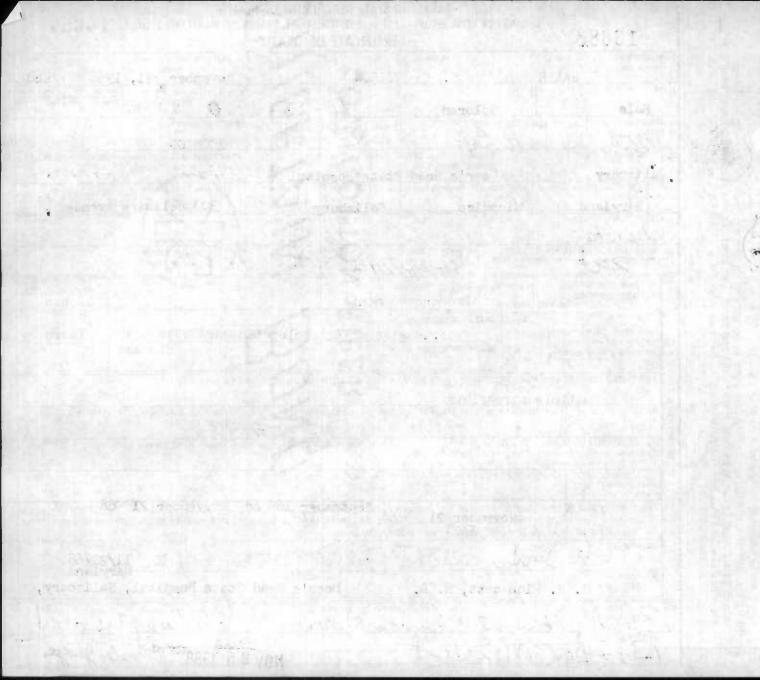
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TO FUNERAL DIRECTOR: After this certificate

2So. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE ocharles

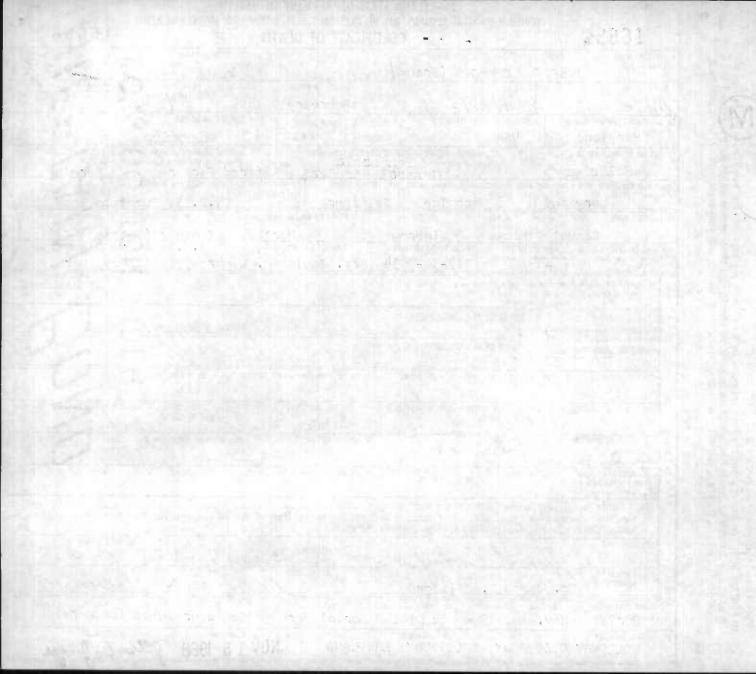


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16684 16698 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE OF DEATH death. ofter death uneral 1 and (Type or print) FRANCIS (Frank) ROBERT November 4. RACE 3. SEX S. DATE OF BIRTH IF UNCER I YEAR 6. AGE (In years last birthday) Male February 9, 1896 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) Maryland USA WIDOWED | DIVORCED | Wicomico ysician and campletely filled please remove carban pape 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR Peninsula give street oddress) during most of working life, even if retired.)

Retired Farmer INDUSTRY Salisbury Salisdury General Hospital

13a. USUAL RESIDENCE (Where decessed lived, if institution: Residence before | 13c. CITY OR TOWN | 13c. Farming 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Wicomico Maryland Salisbury Quantico Road any 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First physician and ATTENDING PHYSICIAN: The law requires that the death certificate be e and in Samue 1 Hicks Wimbrow Martha Eleanor (Mattie) Fllis 17. INFORMALIWITE) R.D.5 AddressOuantico Road 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, na, or unknown) (If yes give war or dates of service) 217-36-0934 Mrs. Beulah M. Wimbrow, Salisbury, Maryland War the attending p CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Conditions, if any, which gave) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Db. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES -21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year detached for (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at wark causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE director, page 3 shauld be filed v A // DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Mederal Centie James L. Clifford 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Town) 23a. BURIAL CREMATION (County) Salisbury, Wicomico, Maryland REMOVAL (Specify) 1968 Wicomico Memorial Park Nov. 14. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) HOLLOWAY & COMPANY, SALISBURY, MARYLAND 1968 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



23c. NAME OF CEMETERY OR CREMATORY

Nov. 19, 1968 J. Wm. Lee & Sons Co.

(County)

Charles Judge

2Sb. REGISTRAR'S SIGNATURE

Washington, D. C.

2So. REC'D BY REGISTRAR

(Stote)

VR A15 (4) 30M REV. 1/68 23b. DATE

HOLLOWAY & COMPANY, SALISBURY, MARYLAND

23o. BURIAL, CREMATION

24. FUNERAL DIRECTOR

REMOVAL (Specify) Cremation

